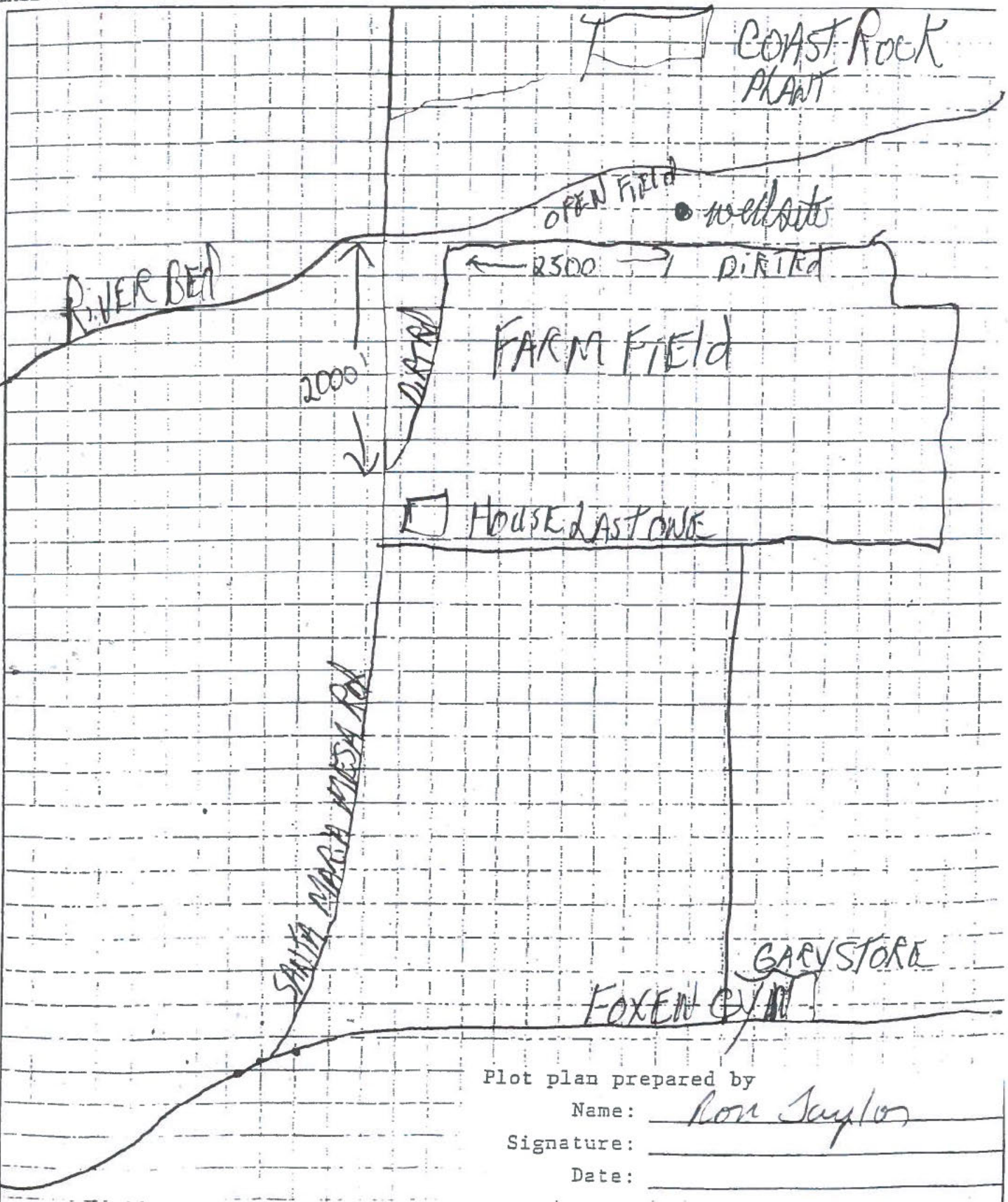


APN 129-100-023

Indicate below the exact location of the proposed well with respect to the following items: Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses, flood plain, drainage pattern, existing wells, access roads, easements, and well site elevation. Include dimensions.



9N33W01Q

CC044

ORIGINAL
File with DWR

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Do Not Fill In
No 64919

34 S2 S5.12 120 18 11.25

Co. Present State Well No. Other Well No. 2021

(1) OWNER:

Name Owen T. Rice & Son, Inc.
Address 1910 E. Stowell Rd.
Santa Maria, CA

(2) LOCATION OF WELL:

County Santa Barbara Owner's number, if any
Township, Range, and Section T-9-N, R-33-W
Distance from cities, roads, railroads, etc. Section 1
Gularte #1

(3) TYPE OF WORK (check):

New Well ☐ Deepening ☐ Reconditioning ☒ Destroying ☐
If destruction, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☒ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐
Cable ☒
Other ☐

(11) WELL LOG:

Total depth 195 ft. Depth of completed well 195 ft.

Formations: Describe by color, character, size of material, and structure
ft. to ft.

Well was originally 198' deep.

It collapsed at about 140'.

Installed 12" casing to 195.

160' of perforated casing

45' of blank casing on top.

(6) CASING INSTALLED:

STEEL: OTHER:
SINGLE ☒ DOUBLE ☐

If gravel packed

From ft.	To ft.	Diam.	Gage or Wall	Diameter of Bore	From ft.	To ft.
0	195	12	5/16			

Size of shoe or well ring: 12x8x3/4 Size of gravel:

Describe joint: Welded

(7) PERFORATIONS OR SCREEN:

Type of perforation or name of screen Machine cut

From ft.	To ft.	Perf. per row	Rows per ft.	Size in. x in.
55'	195	24	2	1/8 x 2

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes ☐ No ☒ To what depth ft.

Were any strata sealed against pollution? Yes ☐ No ☒ If yes, note depth of strata

From ft. to ft.

From ft. to ft.

Method of sealing

(9) WATER LEVELS:

Depth at which water was first found, if known 79 ft.

Standing level before perforating, if known 79 ft.

Standing level after perforating and developing 79 ft.

(10) WELL TESTS:

Was pump test made? Yes ☐ No ☒ If yes, by whom?

Yield: gal./min. with ft. drawdown after hrs.

Temperature of water Was a chemical analysis made? Yes ☐ No ☒

Was electric log made of well? Yes ☐ No ☒ If yes, attach copy

Work started 1-3 1979 Completed 1-30 1979

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Longwell & Taylor
(Person, firm, or corporation) (Typed or printed)

Address 403 So. Ranch St.
Santa Maria, CA

(SIGNED) [Signature]
(Well Driller)

License No. 230155-C57 Dated 1-31 1979

SKETCH LOCATION OF WELL ON REVERSE SIDE

WELL LOCATION SKETCH

NORTH BOUNDARY OF SECTION

NW ¼	NE ¼	½ MILE
SW ¼	SE ¼	
½ MILE	½ MILE	½ MILE

Township _____ 9 _____ N/E

Range _____ 33 _____ E/W

Section No. _____ 1 _____

- A. Location of well in sectionized areas.
Sketch roads, railroads, streams, or other features as necessary.

NORTH	
WEST	EAST
SOUTH	

- B. Location of well in areas not sectionized.
Sketch roads, railroads, streams, or other features as necessary.
Indicate distances.

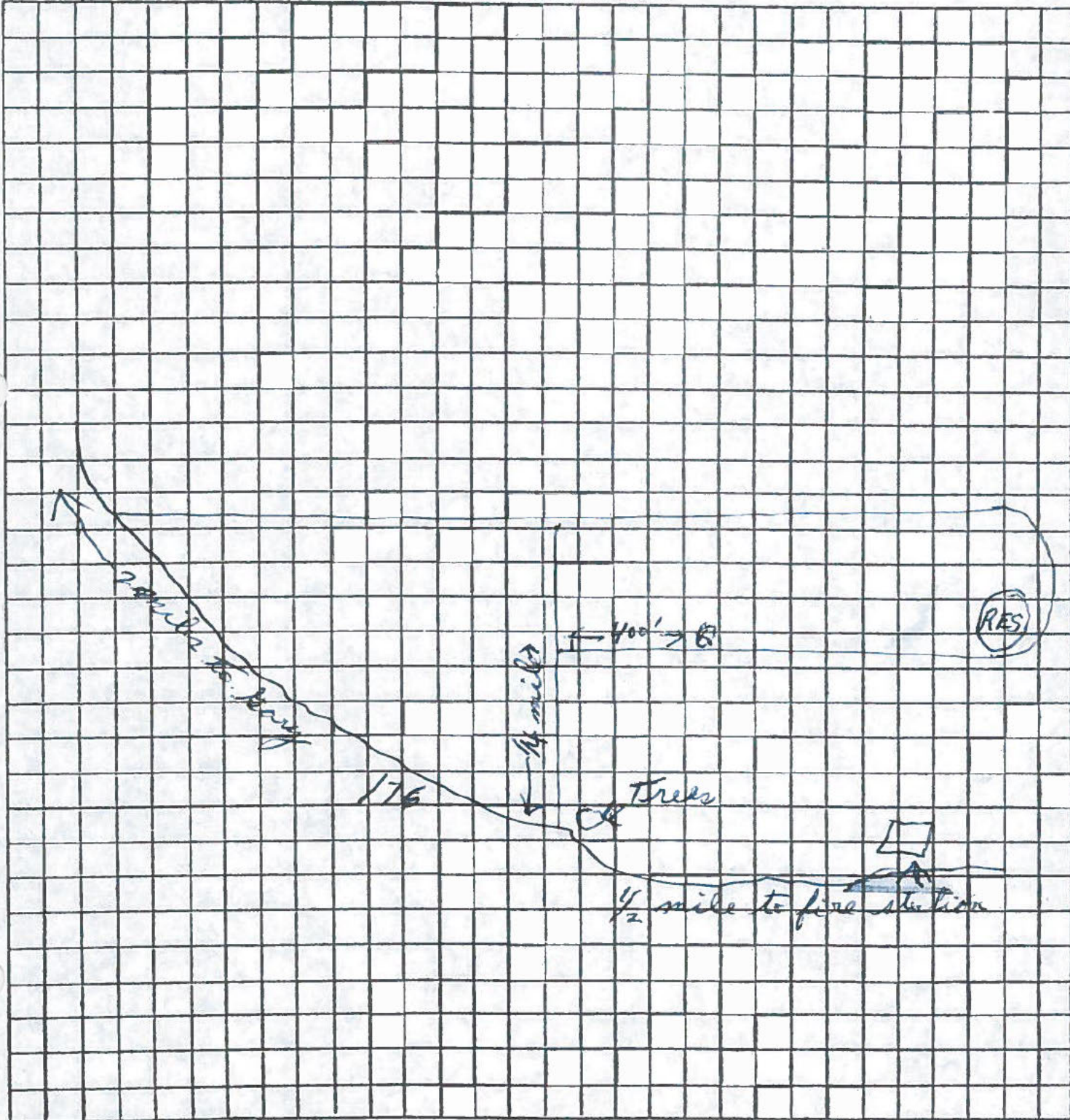
RECEIVED

FEB 1 1979

CO. HEALTH DEPT.
SANTA MARIA BRANCH

WELL PERMIT APPLICATION
Plot Plan
Scale: 1/4" = 20'

Indicate below the exact location of the well with respect to the following items within 200' of the well: Property lines, sewers and private sewage systems, water bodies or watercourses, drainage pattern, existing wells, access roads, well site elevation. Include dimensions.



9N 33W 2

AN33W 241

CC065

Do Not Fill In

ORIGINAL
File with DWRSTATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

No 82387

State Well No. _____

Other Well No. _____

34 S3 35.65" 170 18' 46.93"

(1) OWNER:

Name David Mendoza
Address Stewart & Andrews St.
Garey, Ca.

(2) LOCATION OF WELL:

County Santa Barbara Owner's number, if any _____
Township, Range, and Section Northwest corner of
Distance from cities, roads, railroads, etc. Stewart & Andrews
Street in Garey, Ca.

(3) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Destroying ☐

If destruction, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐
Cable ☒
Other ☐

(6) CASING INSTALLED:

STEEL: OTHER:
SINGLE ☒ DOUBLE ☐

If gravel packed

From ft.	To ft.	Diam. in.	Cage or Wall	Diameter of Bore	From ft.	To ft.
0	269	8	1/4			

Size of shoe or well ring: 8x6x5/8

Size of gravel: _____

Describe joint: Welded

Cement plug 267

(7) PERFORATIONS OR SCREEN:

Type of perforation or name of screen: Mills

From ft.	To ft.	Perf. per row	Rows per ft.	Size in. x in.
262	265	4	2	1/4 x 2

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes ☒ No ☐ To what depth 27 ft.Were any strata sealed against pollution? Yes ☒ No ☐ If yes, note depth of strataFrom 0 ft. to 27 ft.

From _____ ft. to _____ ft.

Method of sealing: Cement around casing

(9) WATER LEVELS:

Depth at which water was first found, if known 97 ft.Standing level before perforating, if known 97 ft.Standing level after perforating and developing 97 ft.

(10) WELL TESTS:

Was pump test made? Yes ☐ No ☒ If yes, by whom?

Yield: _____ gal/min. with _____ ft. drawdown after _____ hrs.

Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒Was electric log made of well? Yes ☐ No ☒ If yes, attach copy

(11) WELL LOG:

Total depth 269 ft. Depth of completed well 269 ft.

Formation: Describe by color, character, size of material, and structure

0 - 4	Soil
4 - 8	Sand
8 - 77	Gravel
77 - 82	Sandy clay
82 - 94	Gravel
94 - 97	Yellow clay
97 - 100	Gravel
100 - 145	Yellow sandy clay
145 - 152	Sand
152 - 161	Yellow clay
161 - 172	Sand
172 - 177	Yellow clay
177 - 187	Sand & Gravel
187 - 211	Yellow clay
211 - 234	Yellow sandy clay
234 - 250	Hard brown clay
250 - 254	Soft yellow clay
254 - 269	Course sand & gravel

Work started 8-18 1976, Completed 9-14 1976

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Longwell & Taylor

(Person, firm, or corporation) (Typed or printed)

Address 403 So. Ranch St.Santa Maria, Ca.[SIGNED] William Taylor
(Well Driller)License No. 230155-C57 Dated 9-15 1976

SKETCH LOCATION OF WELL ON REVERSE SIDE

WELL PERMIT APPLICATION

Permit No. 0300

Page 1 of 2 pages

TO: Environmental Health Division
Santa Barbara County Health DepartmentDate 7/1/76

Name of Well Owner

Mailing Address 4

(b) (6)

Well Site Location: Vicinity Map Attached ☐ (Check)Assessor's Parcel No. 129-080-06Township 9 N Range 33 W Section 2 Rancho _____Name of Well Driller MERLE TAYLORHome 53060Company Name LONGWELL & TAYLORWork 54544Business Address 403 S. RANCH, SANTA MARIA

Date of Work

Contractor's License No. 230155-C57Start 7/10/76 Finish 1/1

Permit Type (Check)

Construction ☒Repair/Modification ☐Destruction ☐Abandonment ☐

Well Use (Check)

Domestic ☒Agriculture ☐Cathodic ☐Test ☐

Drilling Method (Check)

Rotary ☐Cable ☒ by phone 7/2/76Other ☐Proposed Depth 300 ft.

Casing Information

Well Bore Diam 12 in. minimumType: Steel ☒ PVC ☐Other ☐

Sealing Material (Check)

Neat Cement ☐ Clay ☐Cement Grout ☒ Concrete ☐

Wall/Gage _____ in.

Diameter 8 in.50' SEAL. by phone 7/2/76

Additional Work Description: _____

For Department Use Only

Application Disposition:

Approved ☒ PAPDenied ☐

Comments _____

I hereby agree to comply with all regulations of the County of Santa Barbara pertaining to well construction, repair, modification, destruction and abandonment. I will furnish the County Health Department a complete well log upon completion of well construction.

Signed David L. Mendez

Applicant

7/1/76

Date

Pauline E. Mendez\$ 45.00 Fee paid on 7/1/76Receipt No. X 269685

Name

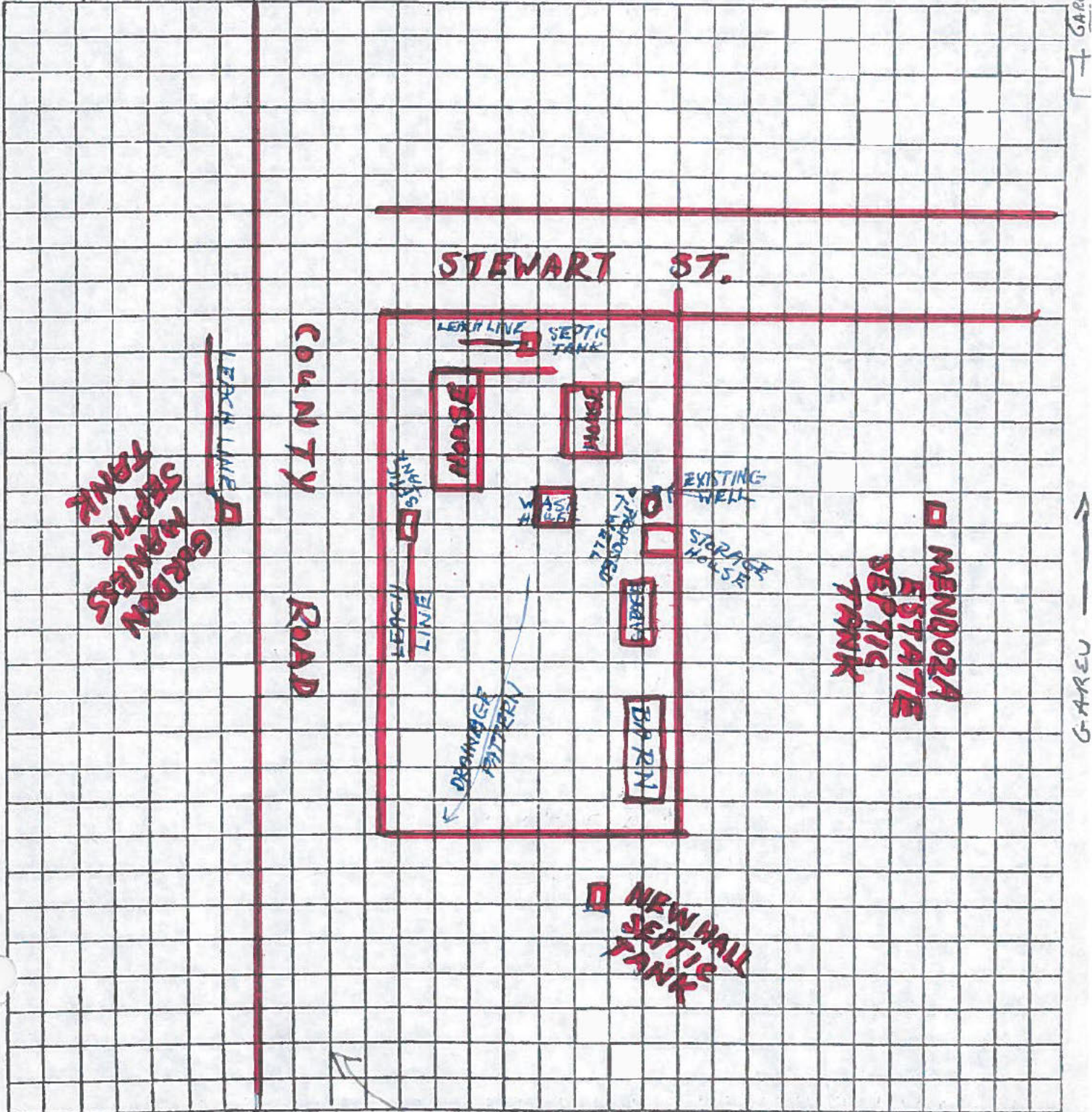
Date

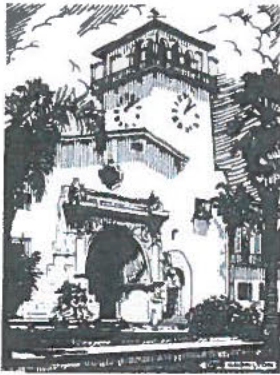
David H. Jones7-2-76S.B. ☐ Sol ☐S.M. ☒ Lom ☐

WHEN SIGNED BY THE HEALTH DEPARTMENT, THIS APPLICATION IS A PERMIT. HEALTH OFFICER SHALL BE NOTIFIED PRIOR TO ALL SEALING OPERATIONS.

WELL PERMIT APPLICATION
Plot Plan
Scale: 1/4" = 20'

Indicate below the exact location of the well with respect to the following items within 200' of the well: Property lines, sewers and private sewage systems, water bodies on watercourses, drainage pattern, existing wells, access roads, well site elevation. Include dimensions.





COURT HOUSE

COUNTY OF SANTA BARBARA
CALIFORNIA
~~HEALTH DEPARTMENT~~

Lawrence Hart, M.D., M.P.H. 900 W. Foster Rd.
Director P.O. Box 486
Health Care Services Santa Maria, 93454
Ph: 937-6365

Veteran's Memorial Bldg.
P.O. Box 1085
Lompoc, Calif. 93436
Telephone 735-1022

September 21, 1976

Mr. David Mendoza
Stewart & Andrews Street
Garey, CA 93454

Re: Water Well Permit No. 0300
Stewart & Andrews, Garey

Dear Mr. Mendoza:

☒ This department has reviewed the construction, modification, abandonment or destruction of the water well located on the subject property and has determined said work to have been performed in compliance with the requirements of the County Water Well Ordinance.

Comments: Please install sampling hose-bib at the well site.

☐ This department has reviewed the construction, modification, abandonment or destruction of the water well located on the subject property and has determined that said work was NOT PERFORMED in compliance with the requirements of the County Water Well Ordinance. No clearance can be granted by this department until the following is completed: _____

If any additional information pertinent to this matter is desired, please contact me at the Health Center designated below.

_____ Santa Barbara, 4440 Calle Real	964-8848
<u>X</u> _____ Santa Maria, 900 W. Foster Road	937-6365
_____ Lompoc, H and Locust Streets	736-5621
_____ Solvang, 1745 Mission Drive	688-5544

/s/ David Pierce

Public Health Sanitarian
Environmental Health Division

cc: Well Contractor

SM Env. Hlth #14 3/76

ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH DEPARTMENT
WELL PERMIT FIELD INVESTIGATION RECORD

Permit No. 0300

Page of pages

Well Permit Application Received: Date 7 / 1 / 1976

Site Investigation: By David Pierce Date 7 / 2 / 1976

Findings: w/ Arnold Quichey -

Well site satisfactory. Proposed well will be drilled within
3' of existing well. Taylor has verified he can do this.

Note: Suitable storage & pressure tank facilities existing. -

No potential source of contamination from septic tank waste.

7/2/76 Confirmed w/ Mr. Mendoza. Drilling Method: Cable

Seal Depth: 50' w/ cement grout.

Application Reviewed and Approved: By David V. Pierce Date 7 / 2 / 1976

Work Investigation Record

Findings: 8-14-76 Discussed seal depth w/ Taylor - The well

will not be used as community well - 20' depth is adequate

if desired by applicant. 9-13-76 Well Sealing Seal Depth measured

at 28'. Well drilled 8" casing to a depth of 269'

Water level is 97' perforations 262' - 265' Cg tube

has been installed. Hose bibs will be installed - Well log

received 9/17/76 9/20/76 Final inspection seal completed - OK

Installation of hose bib at well site needed.

Final Inspection and Approval/Denial: By David V. Pierce Date 9 / 21 / 1976

Notice of Work Acceptance/Rejection Sent to Well Owner On 9 / 21 / 1976.

SANTA BARBARA COUNTY • ENVIRONMENTAL HEALTH SERVICES

Single Parcel Water System Permit Application

SR0102354

2. Project Location: Garey, Ca.
 Assessor's Parcel # 129-080-002
 Street Address: 4319 Stewart St.
Garey CA 93454
 CITY / POST OFFICE STATE ZIP

3. Number of Existing Water Connections: 1
 Number of New Water Connections: 1
 Type of New Water Connection(s): Residential
☐ Commercial Building ☒ Single Family Residence
☒ Mobile Home ☐ Additional Dwelling Unit

4. Water Source Location:
☒ On Project Property
☐ Off-Site
 (Assessor's Parcel # 129-080-002)

5. Water System Source:
☒ Well ☐ Horizontal Well
☐ Spring ☐ Creek / Stream

If the source is a well, please complete the attached schematic diagram. If the source is a spring, horizontal well or creek/stream, attach appropriate schematic.

6. Well Data:
 Date Drilled: 2-19-91
 Well Permit # 8646
34 53' 36.25" 170 18' 52.86"

8. Other Water Source:
☐ Public ☐ Private ☒ None

7. Type of Permit:
☒ Construction ☐ Modification

9. Proof of Ownership
☒ Copy of Grant Deed (please attach)
☐ Exclusive Ownership (Page 4 of this application)
☐ Easement Rights

10. Source Yield / Pump Test Report:
 (From test completed in last 5 years)
 Gallons Per Minute: 14.3
 (Attach Pump Test Report)

11. Water Quality Chemical Analysis:
 (From test completed in last 3 years)
☐ No treatment required ☐ Treatment required
 (Attach analysis & indicate treatment equipment on schematic. Treatment form & equipment specifications are required.)

12. Certification of Applicant(s)
 In accordance with the requirements of County Ordinance, I (we) do hereby make application for a permit to construct an Single Parcel Water System and certify that the above information is true and correct.

Additional permits other than those from Environmental Health Services may be required prior to the installation of the water system. Please contact the Planning and Development Department at (805) 568-2000 or (805) 934-6250 for more information.

Signed Randy Deasee , Randy Deasee Date: 12-5-01
 (Print Name)

APPLICATION DISPOSITION: ☒ Approved ☐ Denied

Signed Ann R. Fernald Date: 1-23-02
 Environmental Health Specialist

When approved by an authorized representative of Environmental Health Services, this application shall become a Permit to Construct a Single Parcel Water System. Approval, when granted, is based entirely on the review of information submitted by the applicant and is not a guarantee as to the future quality or quantity of water which will be provided by the water system. Permits are valid for three years from date of issuance. Permits are not transferable unless the new property owner makes proper application.

470⁰⁰ fee paid on 01/11/02
 by owner Randy Deasee
 Receipt # 1092124 CK# 6233
 Complete application accepted for processing:
 By _____
 Date _____

Prior to Occupancy:
 1. Disinfect and flush the completed water system.
 2. Call Environmental Health Services for final inspection and bacteriological sampling.
 3. Submit a chemical analysis of treated water (if treatment is required).
 4. Obtain written occupancy clearance from Environmental Health Services and the Building and Safety Division.

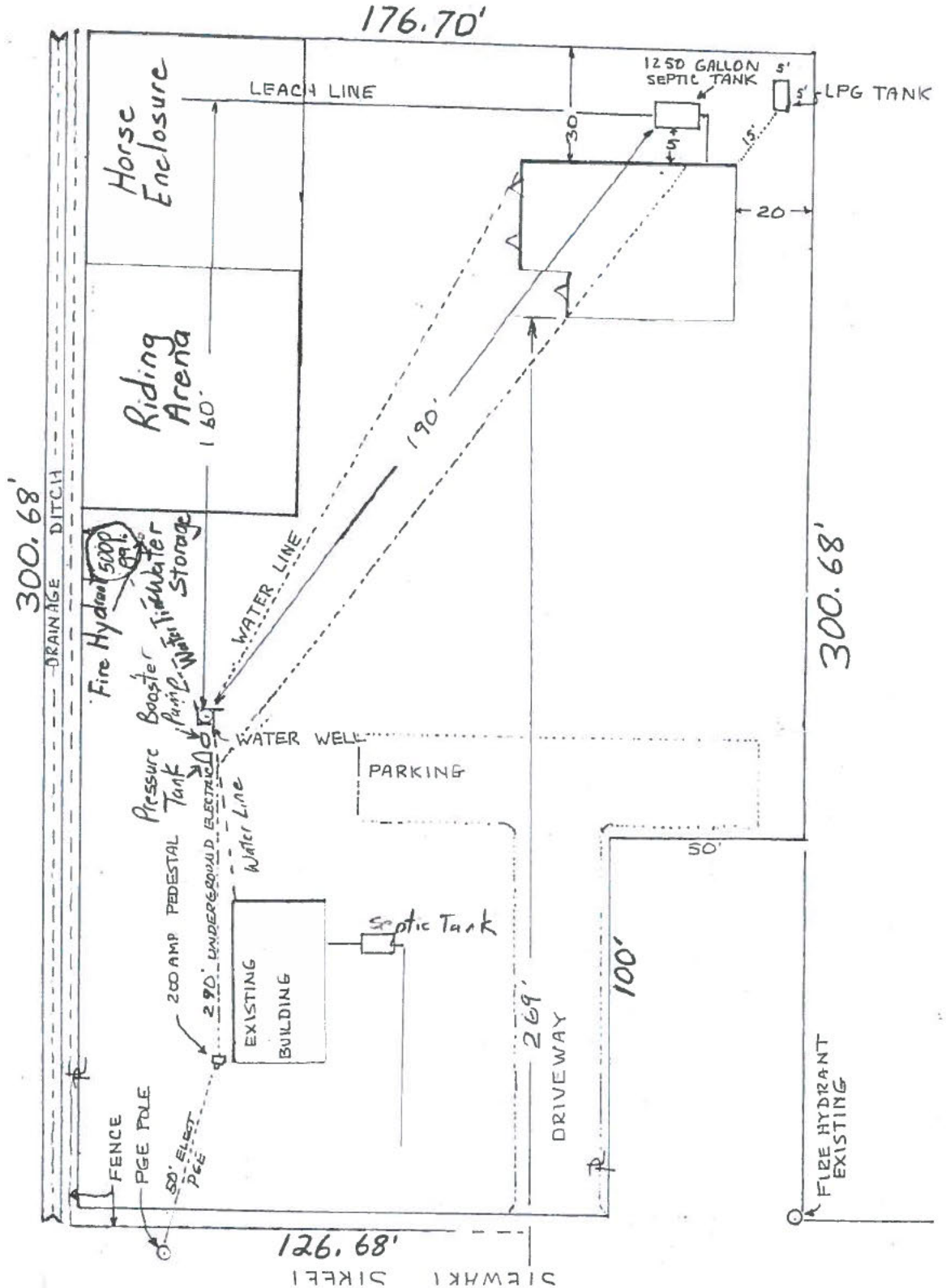
SP0102354

Plot Plan



SCALE 1" = 40'

FOXEN CANYON ROAD





Mello & Son's

pumps / motors

2773 Southview Ave. Arroyo Grande, Ca. 93420

(805) 481-1286

www.h2owes.com Contractor Lic.# 725485

(b) (6)

1/3/02

Re: 24 Hour Well Test At
SWL 84'

(b) (6)

Time	Sec.	GPM	PWL.
8:00 A.M.	19	15.8	84'
8:02	19	15.8	86'
8:04	20	15	87'
8:06	20	15	88'
8:10	20	15	90'
8:15	20	15	93'
8:20	21	14.3	94'
8:30	21	14.3	94'
8:45	21	14.3	94'
9:00	21	14.3	94'
9:30	21	14.3	94'
10:00	21	14.3	94'
10:30	21	14.3	94'
11:00	21	14.3	94'
12:00 Noon	21	14.3	94'
1:00	21	14.3	94'
2:00	21	14.3	94'
3:00	21	14.3	94'
4:00	21	14.3	94'
5:00	21	14.3	94'
6:00	21	14.3	94'
7:00	21	14.3	94'
8:00	21	14.3	94'
9:00	21	14.3	94'
10:00	21	14.3	94'
11:00	21	14.3	94'
12:00Midnight	21	14.3	94'
1:00	21	14.3	94'
2:00	21	14.3	94'
3:00	21	14.3	94'
4:00	21	14.3	94'
5:00	21	14.3	94'



Mello & Son's

pumps / motors

2773 Southview Ave. Arroyo Grande, Ca. 93420

(805) 481-1286

www.h2owes.com Contractor Lic.# 725485

Time	SEC	GPM	PWL
6:00	21	14.3	94'
7:00	21	14.3	94'
8:00	21	14.3	94'
Recovery			
8:01	0	0	89'
8:03	0	0	88.5'
8:05	0	0	88'
8:10	0	0	86'
8:15	0	0	84.5'
8:20	0	0	84.5'

Timed Volumetric / 5 Gallon Container

6" PVC Well

3/4 HP 230 Volt 1 Phase Sub. Pump

Wes Mello / Owner

Wes Mello

Mello & Son's Pumps & Motors

2773 Southview Ave.

Arroyo Grande, Ca. 93420

481-1286

SINGLE PARCEL WATER SYSTEM
CONSTRUCTION RECORD

Owner: _____

(b) (6)

Permit No.: 102354

Location: _____

Assessor's Parcel Number: 129-080-022

Connection Number 1 of 2 Connection(s)

Source Construction: WELL OK

Pump(s) and Pressure Tank(s): PUMPS & PRESSURE TANK OK
3-14-02

Storage: STORAGE TANK 5000 GALLONS OK
3-14-02

Distribution Piping: PIPING OK
3-14-02

Treatment Unit(s): N/A

Final Chemical: 12-31-01

Final Bacteriological Sampling: 3-14-02 (FAILED)

Final Inspection: 3-14-02

Cleared for Occupancy: 3-26-02
(Date)

By: James R. Hamilton
Environmental Health Specialist

CLINICAL LABORATORY OF SAN BERNARDINO, INC.

EX

21881 BARTON ROAD

GRAND TERRACE, CA 92313

GENERAL MINERAL & PHYSICAL, & INORGANIC ANALYSIS (4/95)

Date of Report: 12/31/01

Sample ID No. M19449-1A

Laboratory

Signature Lab

Name: CLINICAL LABORATORIES OF SAN BERNARDINO Director:

Name of Sampler: J RANDALL

Employed By: CLINICAL LAB

Date/Time Sample

Date/Time Sample

Date Analyses

Collected: 01/12/11/1045

Received @ Lab: 01/12/12/1200

Completed: 01/12/19

System

System

Name: RANDY DEASEE

Number: 42CXX61

Name or Number of Sample Source: WELL

* User ID: 42C

Station Number:

* Date/Time of Sample: |01|12|11|1045|

Laboratory Code: 3761 *

* YY MM DD TTTT

YY MM DD *

* Date Analysis Completed: |01|12|19| *

* Submitted by: Phone #: *

MCL	REPORTING UNITS	CHEMICAL	ENTRY #	ANALYSES RESULTS	DLR
	mg/L	Hardness, (Total) as CaCO ₃	00900	520	2.0
	mg/L	Calcium (Ca)	00916	130	1.0
	mg/L	Magnesium (Mg)	00927	55	1.0
	mg/L	Sodium (Na)	00929	70	1.0
	mg/L	Potassium (K)	00937	ND	1.0

Total Cations	Meq/L	Value:	14.1
---------------	-------	--------	------

	mg/L	Alkalinity, (Total) as CaCO ₃	00410	220	1.0
	mg/L	Hydroxide (OH)	71830	ND	1.0
	mg/L	Carbonate (CO ₃)	00445	ND	1.0
	mg/L	Bicarbonate (HCO ₃)	00440	260	1.0
*	mg/L+	Sulfate (SO ₄)	00945	380	0.5
*	mg/L+	Chloride (Cl)	00940	32	1.0
45	mg/L	Nitrate (as NO ₃)	71850	9.6	2.0
**	mg/L	Fluoride (F) Temp. Depend.	00951	0.30	0.1

Total Anions	Meq/L	Value:	13.3
--------------	-------	--------	------

	Std. Units+	pH, Laboratory	00403	7.2	
***	uS +	Specific Conductance (E.C.)	00095	1200	10
****	mg/L+	Total Filterable Residue at 180C (TDS)	70300	800	1.0
	Units	Color, Apparent (Unfiltered)	00081	ND	3
	TON	Odor Threshold at 60 C	00086	1	1
	NTU	Turbidity, Laboratory	82079	0.2	0.1
0.5	mg/L+	MBAS	38260	ND	0.02

* 250-500-600

** 1.4-2.4

*** 900-1600-2200

**** 500-1000-1500

over

MCL	REPORTING UNITS	CHEMICAL	ENTRY #	ANALYSES RESULTS	DLR
1000	ug/L	Aluminum (Al)	01105	ND	50
6	ug/L	Antimony (Sb)	01097	ND	6.0
50	ug/L	Arsenic (As)	01002	ND	2.0
1000	ug/L	Barium (Ba)	01007	ND	100
4	ug/L	Beryllium (Be)	01012	ND	1.0
5	ug/L	Cadmium (Cd)	01027	ND	1.0
50	ug/L	Chromium (Total Cr)	01034	ND	10
1000	ug/L+	Copper (Cu)	01042	ND	50
300	ug/L+	Iron (Fe)	01045	ND	100
	ug/L	Lead (Pb)	01051	ND	5.0
50	ug/L+	Manganese (Mn)	01055	ND	20
2	ug/L	Mercury (Hg)	71900	ND	1.0
100	ug/L	Nickel (Ni)	01067	ND	10
50	ug/L	Selenium (Se)	01147	ND	5.0
100	ug/L+	Silver (Ag)	01077	ND	10
2	ug/L	Thallium (Tl)	01059	ND	1.0
5000	ug/L	Zinc (Zn)	01092	ND	50

ADDITIONAL ANALYSES

	C	Source Temperature C	00010	12.8	
		Langelier Index Source Temp.	71814	-0.13	
		Langelier Index at 60 C	71813	0.75	
		Agressiveness Index	82383	12.03	
	ug/L	Vanadium	01087	ND	3.0
	ug/L	Boron	01020	100	100
10000	ug/L	Nitrate + Nitrite as Nitrogen(N)	A-029	2200	400
1000	ug/L	Nitrite as Nitrogen(N)	00620	ND	400
200	ug/L	Cyanide	01291	ND	100

+ Indicates Secondary Drinking Water Standards

BACTERIOLOGICAL EXAMINATION OF DRINKING WATER

Water Supply Name

Location Address

Sample Point MASTER BATHROOM FAUCET

Type of Sample: () Routine (X) Repeat () Other

Sanitary Notes:

Cl₂ 0 ppmCollected by T. HAMLIN Date/Time 3-25-02 9:55 AM Notification Phone # 346-8463Instructions to Laboratory: BAC - T, COLIFORMS

PUBLIC HEALTH LABORATORY USE ONLY		
Date/Time Received Date/Time Planted	<u>3/25/02 1021 am</u> <u>3/25/02 1022 am</u>	NOTIFICATION
MMO/MUG	Total Coliforms: Absent () Present (X) E. coli: Absent () Present ()	Person Notified Date/Time Notified
Other Method - Specify	Total Coliforms: Absent () Present () E. coli () or Fecal Coliforms (): Absent () Present ()	Notified by Comments:
Date/Time Reported <u>3/26/02 1107 am</u>	Tested by <u>GH</u>	


Opinion SATISFACTORY

Signed

ENVIRONMENTAL HEALTH SERVICES

Memorandum

To: Planning & Development Department
Building & Safety Division
☐ Santa Barbara ☒ Santa Maria ☐ Buellton

From: James R. Hamlin, R.E.H.S.
Senior Environmental Health Specialist 

Date: March 26, 2002

Subject: Water Supply Approval for Occupancy Clearance

Permittee's Name:

Project Location:

Assessor's Parcel No: 129-080-002

Water System Type: ☒ Single Parcel ☐ Multiple Parcel
☐ Public - Name:

Permit No.: SR0102354

Final Inspection

Date: 03/14/2002

Bacteriological Analysis Satisfactory

Date: 03/26/2002

Chemical Analysis Satisfactory

Date: 12/31/2001

On the above basis, the water supply for this project is from an approved source and meets the requirements of:

☒ County Ordinance No. 4181 ☐ California Safe Drinking Water Act

Water supply is therefore approved for occupancy clearance. Any modifications to the water system or addition of connections to habitable buildings will require a separate application and approval.

pc: Property Owner(s)

9N33W02A3

CC067

TRIPPLICATE
Owner's Copy

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Do not fill in

No. 316885

Notice of Intent No. _____

Local Permit No. or Date 8669 APN 129-090-003 170 18 55.44

State Well No. _____

Other Well No. _____

(1) OWNER:

Address _____

City _____

(b) (6)

(2) LOCATION OF WELL (See instructions):

County Santa Barbara Owner's Well Number 2

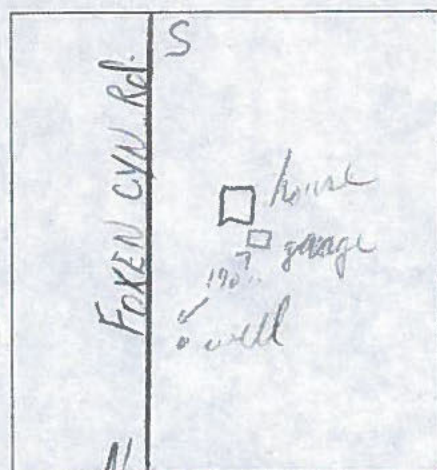
Well address if different from above _____

Township _____ Range _____ Section _____

Distance from cities, roads, railroads, fences, etc. _____

(12) WELL LOG: Total depth 304 ft. Completed depth 304 ft.
from ft. to ft. Formation (Describe by color, character, size or material)

0 - 35 rock and sand
35 - 68 clay and gravel
68 - 79 sand and pea gravel
79 - 88 brown clay
88 - 100 sand and small gravel
100 - 105 clay
105 - 110 coarse sand and gravel
110 - 120 clay
120 - 130 sand and gravel
130 - 150 sandy clay
150 - 280 coarse sand and gravel
280 - 286 clay
286 - 304 sand and gravel



WELL LOCATION SKETCH

(3) TYPE OF WORK

New Well ☒ Deepening ☐
Reconstruction ☐
Reconditioning ☐
Horizontal Well ☐

Destruction ☐ (Describe destruction materials and procedures in Item 12)

(4) PROPOSED USE:

Domestic ☒
Irrigation ☐
Industrial ☐
Test Well ☐
Municipal ☐
Other ☒ (Describe)

(5) EQUIPMENT:

Rotary ☒ Reverse ☐
Cable ☐ Air ☐
Other ☐ Bucket ☐

(6) GRAVEL PACK:

Yes ☒ No ☐ Size 1/4-1/2
Diameter of bore 12 1/2
Packed from 304 to 20 ft.

(7) CASING INSTALLED:

Steel ☐ Plastic ☒ Concrete ☐

(8) PERFORATIONS:

Type of perforation or size of screen

From ft.	To ft.	Dia. in.	Gage or Wall	From ft.	To ft.	Slot size
0	304	8"	1/2"	214	304	125

(9) WELL SEAL:

Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth 21 ft.Were strata sealed against pollution? Yes ☐ No ☒ Interval _____ ft.

Method of sealing _____

Work started 6/26 1990 Completed 6/28 1990

(10) WATER LEVELS:

Depth of first water, if known _____ ft.

Standing level after well completion _____ ft.

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Signed _____

(Well Driller)

NAME Ron Raylor Drilling

(Person, firm, or corporation) (Typed or printed)

Address 2801 Mahoney Rd.City Santa Maria, CA ZIP 93455License No. C57-523-858 Date of this report 6/29/90

(11) WELL TESTS:

Was well test made? Yes ☐ No ☐ If yes, by whom? _____Type of test Pump ☐ Bailor ☐ Air lift ☐

Depth to water at start of test _____ ft. At end of test _____ ft.

Discharge _____ gal/min after _____ hours Water temperature _____

Chemical analysis made? Yes ☐ No ☐ If yes, by whom? _____Was electric log made? Yes ☐ No ☐ If yes, attach copy to this report



LAWRENCE HART, M.D., F.A.C.P.M.
DIRECTOR AND HEALTH OFFICER

COUNTY OF SANTA BARBARA • HEALTH CARE SERVICES

315 CAMINO DEL REMEDIO • SANTA BARBARA, CALIFORNIA 93110 • (805) 681-5200

June 29, 1990

(b) (6)

Subject: Well Completion Report

Water Well Permit Number: 8669

Address: (b) (6)

A.P.#: 129-090-003

This Department has reviewed the construction of the water well located on the subject property and has determined said work to have been performed in compliance with the requirements of the Well Drilling Ordinance, Chapter 34-A of the Santa Barbara County Ordinance, and the well construction is complete.

Please be advised that if you intend to use this well to supply domestic water, it will be necessary for you to meet the requirements of Chapter 34-B of the Code, including, but not limited to: pump testing, chemical analysis and water system design approval prior to construction. A copy of the water system ordinance is enclosed for your review.

Application forms and information for water system permits are available from Environmental Health Services Division. The Building Official will require that you obtain a permit for the water system prior to issuance of building permits.

If you have any questions concerning this matter, please contact the undersigned.

Sincerely,

Lawrence Hart, M.D.
Director and Health Officer

David Brummond
Environmental Health Officer

CC: Assessor's Office

03/89



500 West Foster Rd.
Santa Maria, CA 93455
(805) 934-6223

BRANCH OFFICES



751-B East Burton Mesa
Lompoc, CA 93436
(805) 737-7744

ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH CARE SERVICES
WELL PERMIT FIELD INVESTIGATION RECORD

121-090-03

Well Permit Application Received: Date 6 / 25 / 90

Site Investigation By D. B. Bunnard Date 6 / 26 / 90

Findings: (Check applicable boxes and give clearance)

- | | |
|---|---|
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> Animal Enclosure |
| <input type="checkbox"/> Sewer Lines | <input type="checkbox"/> Creek or Watercourse |
| <input type="checkbox"/> Leach Field | <input type="checkbox"/> Petroleum Tank or Pipeline |
| <input type="checkbox"/> Cesspool/Drywell | <input type="checkbox"/> Other |

Site meets all setback requirements. Ownership confirmed through succession officer.

Application Reviewed and Approved: By D. B. Bunnard Date 6 / 27 / 90

Work Investigation Record

Date 6 / 28 / 90

Well Site #:

Casing Information

Borehole

Type: Steel ☒ PVC ☐ Other ☐ Total Depth of Well:

Class/Gage/NSF: SDR 21 Annular Seal Depth: 21 ft

ASTM#: Well Bore Diameter: 12 in.

Diameter: 6" Total Depth: 304 Sealing Material: Cement

Casing Schedule

Amount:

0'	-	214'	=	Blank
214'	-	304'	=	Perforated
	-		=	
	-		=	
	-		=	
	-		=	
	-		=	

Method of Pour: gravity

Use of Tremie: No

Driller(s):

Comments:

Final Inspection and Approval/Denial: By D. B. Bunnard Date 6 / 29 / 90

Notice of Work Acceptance/Rejection Sent to Well owner On 6 / 29 / 90

8559

Permit No. _____

Page 1 of 2 pages

WELL PERMIT APPLICATION

TO: Environmental Health Division
Santa Barbara County Health Care Services

Date 6/25/90

Name of Well Owner

Mailing Address

(b) (6)

Well Site Location: Vicinity Map Attached ☐ (Check)

Assessor's Parcel No. 129-090-03-00

Street Address 3765 Foxen Canyon Rd.

Township _____ Range _____ Section _____ Rancho _____

Name of Well Driller Ken Taylor

Company Name Ken Taylor, dubbing

Business Address 2801 Mahoney Rd S.M. Co.

Date of Work

Contractor's License No. C-57 858 523

Start 6/26/90 Finish 1/1

OTHER WATER SOURCE: Public ☐ Private ☒ None ☐

Permit Type (Check)	Well Use (Check)	Drilling Method (Check)
Construction <input checked="" type="checkbox"/>	Domestic <input checked="" type="checkbox"/>	Rotary <input checked="" type="checkbox"/>
Repair/Modification <input type="checkbox"/>	Agriculture <input type="checkbox"/>	Cable <input type="checkbox"/>
Destruction <input type="checkbox"/>	Cathodic <input type="checkbox"/>	Other <input type="checkbox"/>
Inactivation <input type="checkbox"/>	Test <input type="checkbox"/>	

Proposed Depth 300 ft.

Well Bore Diam 12 1/2 in.

Casing Information 6" SDR-21 F 480

Type: Steel ☐ PVC ☒ Other ☐

Sealing Material (Check)

Neat Cement ☒ Clay ☐

Cement Grout ☐ Concrete ☐

Wall/Gage _____ in.

Diameter _____ in.

Annular Seal Depth 20 ft.

Additional Work Description: _____

For Department Use Only

Application Disposition:

Approved ☒

Denied ☐

Comments _____

I hereby agree to comply with all regulations of the County of Santa Barbara pertaining to well construction, repair, modification, destruction and inactivation. The property owner, well driller, or agent will furnish County Health Care Services a complete well log upon completion of well construction.

Signed Ken Taylor Applicant

2-125790

\$ 155.00 Fee paid on 06/25/90

Receipt No. X 1107671 jdayle

Name David Burroughs
6-26-90
Date

S.B. ☐ Sol. ☐

S.M. ☒ Lom ☐

WHEN SIGNED BY HEALTH CARE SERVICES, THIS APPLICATION IS A PERMIT. HEALTH OFFICER SHALL BE NOTIFIED PRIOR TO ALL SEALING OPERATIONS. NOTE: PERMIT EXPIRES ONE YEAR FROM DATE ISSUED.

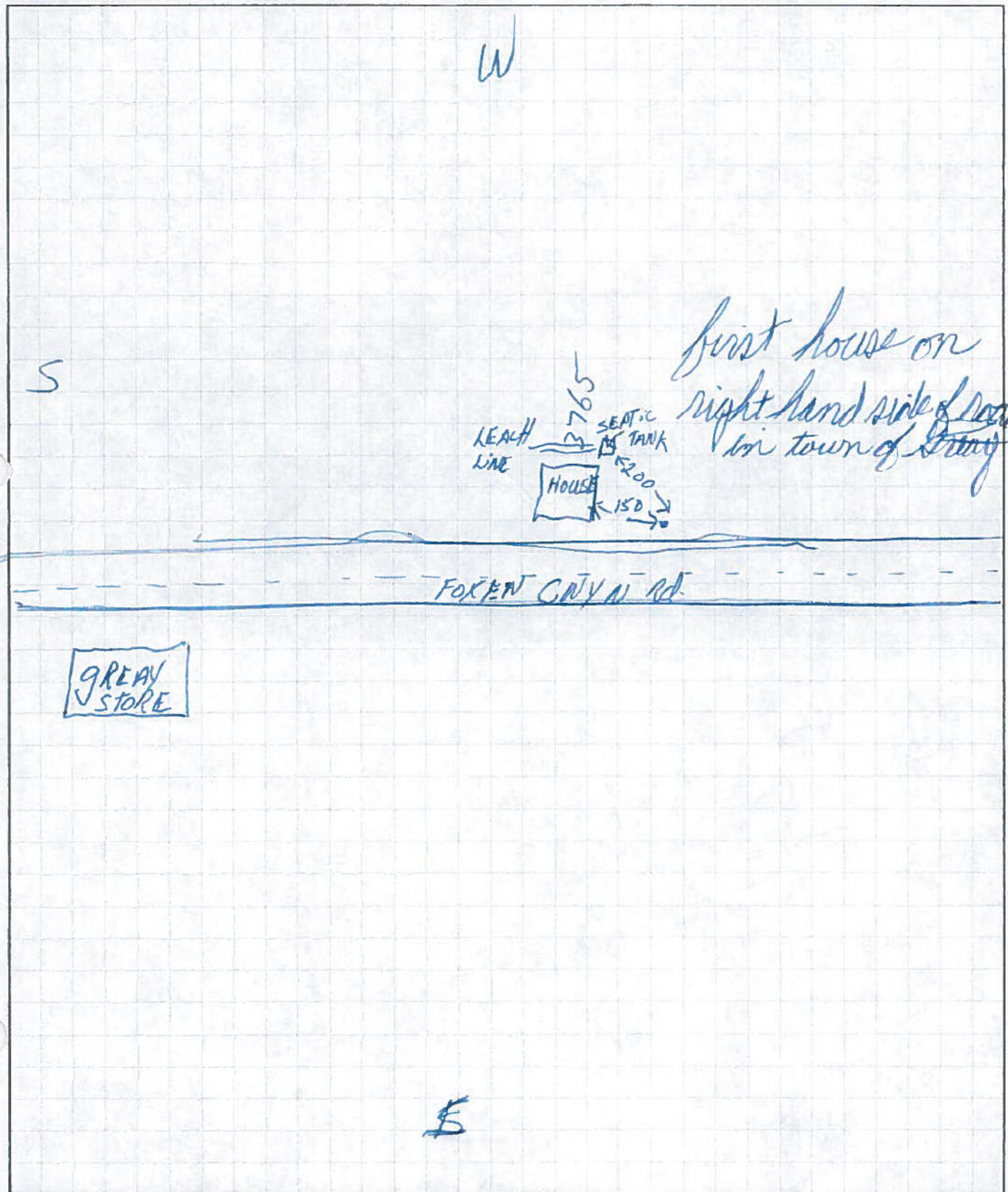
WELL PERMIT APPLICATION

Permit No. _____

Plot Plan ($\frac{1}{4}" = 20'$)

Page 2 of 2

Indicate below the exact location of the proposed well with respect to the following items: Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses, flood plain, drainage pattern, existing wells, access roads, easements, and well site elevation. Include dimensions.



ORIGINAL
File with DWR

Page 1 of 1

Owner's Well No. 1

Date Work Began 7-18-05, Ended 8-8-05

Local Permit Agency Santa Barbara Co

Permit No. 1-13-05

Permit Date SR # 0103563

STATE OF CALIFORNIA

WELL COMPLETION REPORT

Refer to Instruction Pamphlet

No. 0905294

DWR USE ONLY - DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE

LONGITUDE

APN/TRS/OTHER

GEOLOGIC LOG

ORIENTATION () ☒ VERTICAL ☐ HORIZONTAL ☐ ANGLE (SPECIFY)

DRILLING METHOD Rotary

FLUID Mud

DEPTH FROM SURFACE

Fl. to Fl.

DESCRIPTION

Describe material, grain size, color, etc.

0	30	Sand & Gravel
30	45	Brown Clay
45	57	Sandy Clay
57	73	Sand & Gravel
73	79	Brown Clay
79	92	Sand & Gravel
92	143	Sandy Clay
143	187	Gravel
187	195	Brown Clay
195	268	Sand & Gravel
268	273	Brown Clay
273	310	Sand & Gravel

WELL OWNER

34 53' 22.81'
120 18' 56.73'

WELL LOCATION

Address 3705 Foxen Ln Rd

City Santa Maria Calif 93454

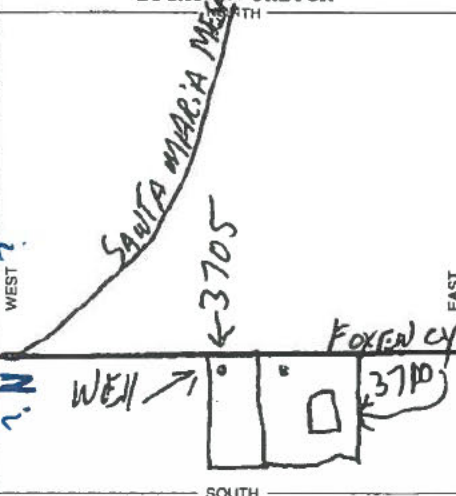
County Santa Barbara

APN Book 129-090-02-01

Township Range Section 3710

Lat 34 DEG. 53 MIN. 22.81 SEC. N Long 120 DEG. 18 MIN. 56.73 SEC. W

LOCATION SKETCH



ACTIVITY ()

☒ NEW WELL
MODIFICATION/REPAIR
☐ Deepen
☐ Other (Specify)

DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")

USES ()
WATER SUPPLY
☒ Domestic ☐ Public
☐ Irrigation ☐ Industrial

MONITORING ☐
TEST WELL ☐
CATHODIC PROTECTION ☐
HEAT EXCHANGE ☐
DIRECT PUSH ☐
INJECTION ☐
VAPOR EXTRACTION ☐
SPARGING ☐
REMEDIATION ☐
OTHER (SPECIFY) ☐

Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE.

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER (FL) BELOW SURFACE

DEPTH OF STAT. WATER LEVEL 83 (FL) & DATE MEASURED 7-28-05

ESTIMATED YIELD 62 (GPM) & TEST TYPE Pump

TEST LENGTH 12 (Hrs.) TOTAL DRAWDOWN 51 (FL)

* May not be representative of a well's long-term yield.

TOTAL DEPTH OF BORING 310 (Feet)

TOTAL DEPTH OF COMPLETED WELL 305 (Feet)

DEPTH FROM SURFACE			BORE-HOLE DIA. (Inches)	CASING (S)						DEPTH FROM SURFACE			ANNULAR MATERIAL				
				TYPE (\leq)				MATERIAL / GRADE	INTERNAL DIAMETER (Inches)				GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	TYPE		
Fl.	to	Fl.	BLANK	SCREEN	CON. DUCTOR	FILL PIPE									Fl.	to	Fl.
0	245	11	x				PVC	5	SDR-21		0	24		X			
245	305	11	x				PVC	5	SDR-21	040							8X16

ATTACHMENTS ()

- ☐ Geologic Log
- ☐ Well Construction Diagram
- ☐ Geophysical Log(s)
- ☐ Soil/Water Chemical Analyses
- ☐ Other

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME Ron Taylor Drilling
(PERSON, FIRM OR CORPORATION) (TYPED OR PRINTED)

ADDRESS 2801 Mahoney Rd Santa Maria Calif 93455

CITY Santa Maria STATE CA ZIP 93455

Signed Ron Taylor DATE SIGNED 8-9-05 C-57 LICENSE NUMBER 523-858

QUADRUPLICATE
Use to comply with
cal requirements

STATE OF CALIFORNIA

THE RESOURCES AGENCY

DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

No. 139219

Do not fill in

Notice of Intent No. 3362

Local Permit No. or Date

State Well No.

Other Well No.

(1) OWNER: Name **Harry Goodchild**

Rt/Box **108**

Address **Santa Maria CA 93454**

City Zip

(2) LOCATION OF WELL (See instructions):

County **Santa Barbara**

Owner's Well Number

Well address if different from above

Wicks Ave.

Township **Sisquoc**

Range

Section

APN 129-090-31

Distance from cities, roads, railroads, fences, etc.

(12) WELL LOG: Total depth **330** ft. Depth of completed well **302** ft.
from ft. to ft. Formation (Describe by color, character, size or material)

0	7	Surface soil
7	65	Coarse sands
65	77	Clay
77	125	Coarse to fine gravel, some sands, little clay
125	173	clay, very little gravel
173	185	Coarse to fine gravel, little clay
185	205	clay, little coarse gravel
205	290	Gravel, sand little clay
290	330	clay and coarse gravel

(3) TYPE OF WORK:

New Well ☒ Deepening ☐

Reconstruction ☐

Reconditioning ☐

Horizontal Well ☐

Destruction ☐ (Describe destruction materials and procedures in Item 12)

(4) PROPOSED USE:

Domestic ☐

Irrigation ☐

Industrial ☐

Test Well ☐

Stock ☐

Municipal ☐

Other ☐

WELL LOCATION SKETCH

(5) EQUIPMENT:

Rotary ☒

Reverse ☐

Cable ☐

Air ☐

Other ☐

Bucket ☐

(6) GRAVEL PACK:

Yes ☒

No ☐

Size

Diameter of bore **12 1/2" to 35, 16" to 330**

Packed from **bottom** to **65** ft.

(7) CASING INSTALLED:

Steel ☐

Plastic ☒

Concrete ☐

(8) PERFORATIONS:

Type of perforation or size of screen

From ft.	To ft.	Dia. in.	Gage or Wall	From ft.	To ft.	Slot size
0	302	6"	200	214	302	.125 x 20 row

(9) WELL SEAL:

Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth _____ ft.

Were struts sealed against pollution? Yes ☐ No ☒ Interval _____ ft.

Method of sealing **pumped cement**

(10) WATER LEVELS:

Depth of first water, if known _____ ft.

Standing level after well completion **70'** ft.

(11) WELL TESTS:

Was well test made? Yes ☒ No ☐ If yes, by whom? **SYVWS**

Type of test

Pump ☒

Boiler ☐

Air lift ☐

Depth to water at start of test **70** ft. At end of test **102** ft.

Charge **150** gal/min after **2** hours

Water temperature **SpCond. 1050**

Chemical analysis made? Yes ☐ No ☐ If yes, by whom?

Was electric log made? Yes ☐ No ☐ If yes, attach copy to this report

Work started **10/16** **84** Completed **10/19** **84**

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

SIGNED **E. Stewart Johnston**

(Well Driller)

NAME **Santa Ynez Valley Well Service**

P.O. Box **618** (Typed or printed)

Address **Buellton CA 93427**

City **Buellton CA 93427**

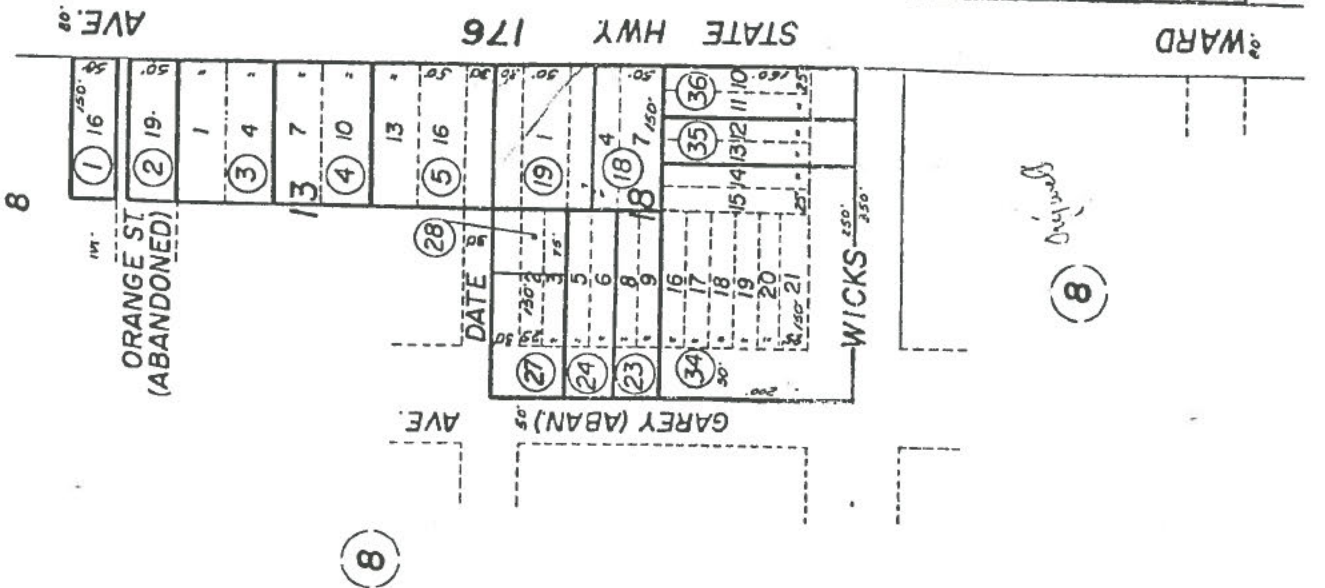
License No. **210488**

Date of this report **10/22/84**

Harry Goodchild

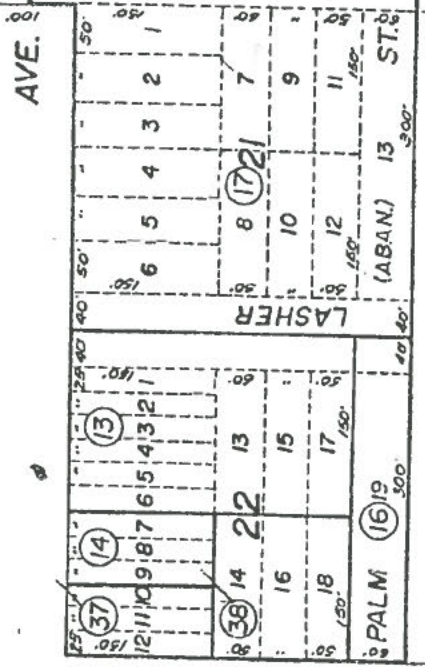
3362

Town of Garey



Original

ANDREW (ABANDONED) AVE. B. G. T.



Harry Eordchild

ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH CARE SERVICES
WELL PERMIT FIELD INVESTIGATION RECORD

Permit No. 3312

Page of pages

Well Permit Application Received: Date Oct 19 / 1984

Site Investigation: By Brenda Wong Date Oct 19 / 1984

Findings: Well site approved - no possible sources of contamination.
155 ft from DW well

Leach lines and field indicated on parcel map. Well to serve as replacement
for water system since present house obtains water from another parcel (across the
street). Well also anticipated to be 50 ft for future small water system.

Application Reviewed and Approved: By Brenda Wong Date Oct 19 / 1984

Work Investigation Record

Findings: October 22, 1984 Well drilled to a depth of 330 feet
using jet at 250 ft, perforations were at 215. Cement pumped to a
depth of ~ 53 feet & ran until cement. 125 ft of jet was gravity pumped.

Final Inspection and Approval/Denial: By Brenda Wong Date 10 / 22 / 84

Notice of Work Acceptance/Rejection Sent to Well Owner On / / .

9133W02H2

CC070

**TRIPPLICATE
Owner's Copy**

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Do not fill in

No. **316880**

Notice of Intent No. _____
Local Permit No. or Date 9139

34 53' 19.99 120 19' 0.01

State Well No. _____
Other Well No. _____

(1) OWNER: Name Steve Reasoner
Address _____
City Santa Maria, CA ZIP 93454

(2) LOCATION OF WELL (See instructions):
County Santa Barbara Owner's Well Number 2
Well address if different from above _____
Township _____ Range _____ Section _____
Distance from cities, roads, railroads, fences, etc. APN 129-090-035

(12) WELL LOG: Total depth 304 ft Completed depth _____ ft
from ft to ft Formation (Describe by color, character, size or material)
0 - 5 dirt
5 - 15 clay
15 - 28 sand and gravel
28 - 45 large gravel
45 - 78 small gravel
78 - 90 gravel and clay
90 - 100 coarse sand and gravel
100 - 152 clay and gravel
152 - 220 coarse sand and gravel
220 - 238 brown clay and rocks
238 - 278 sand and gravel
278 - 288 clay and rocks
288 - 304 sand and gravel

(3) TYPE OF WORK:
New Well ☒ Deepening ☐
Reconstruction ☐
Reconditioning ☐
Horizontal Well ☐
Destruction ☐ (Describe destruction materials and procedures in Item 12)
(4) PROPOSED USE:
Domestic ☒
Irrigation ☐
Industrial ☐
Test Well ☐
Municipal ☐
Other ☐ (Describe)

WELL LOCATION SKETCH

(5) EQUIPMENT:

Rotary ☒ Reverse ☐
Cable ☐ Air ☐
Other ☐ Bucket ☐

(6) GRAVEL PACK

Yes ☒ No ☐ Size 1/4" x 8
Diameter of bore 10"
Packed from 20 to 304 ft

(7) CASING INSTALLED:

Steel ☐ Plastic ☒ Concrete ☐

(8) PERFORATIONS:

Type of perforation or size of screen

From ft	To ft	Dia in	Gage or Wall	From ft	To ft	Slot size
0	304	5	SDR21	204	304	.125

(9) WELL SEAL:

Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth 20 ft
Were strata sealed against pollution? Yes ☐ No ☐ Interval _____ ft
Method of sealing _____

(10) WATER LEVELS:

Depth of first water, if known 170 ft
Standing level after well completion 170 ft

(11) WELL TESTS:

Was well test made? Yes ☐ No ☐ If yes, by whom? _____
Type of test Pump ☐ Bailor ☐ Air lift ☐
Depth to water at start of test _____ ft At end of test _____ ft
Discharge _____ gal/min after _____ hours Water temperature _____
Chemical analysis made? Yes ☐ No ☐ If yes, by whom? _____
Was electric log made? Yes ☐ No ☐ If yes, attach copy to this report

Work started 7/28 1990 Completed 7/29/90

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Signed _____ (Well Driller)
NAME Ron Taylor Drilling
2801 Mahoney Rd. (Typed or printed)
Address Santa Maria, CA: 93455
City C-57-523-858 ZIP _____
License No. _____ Date of this report _____

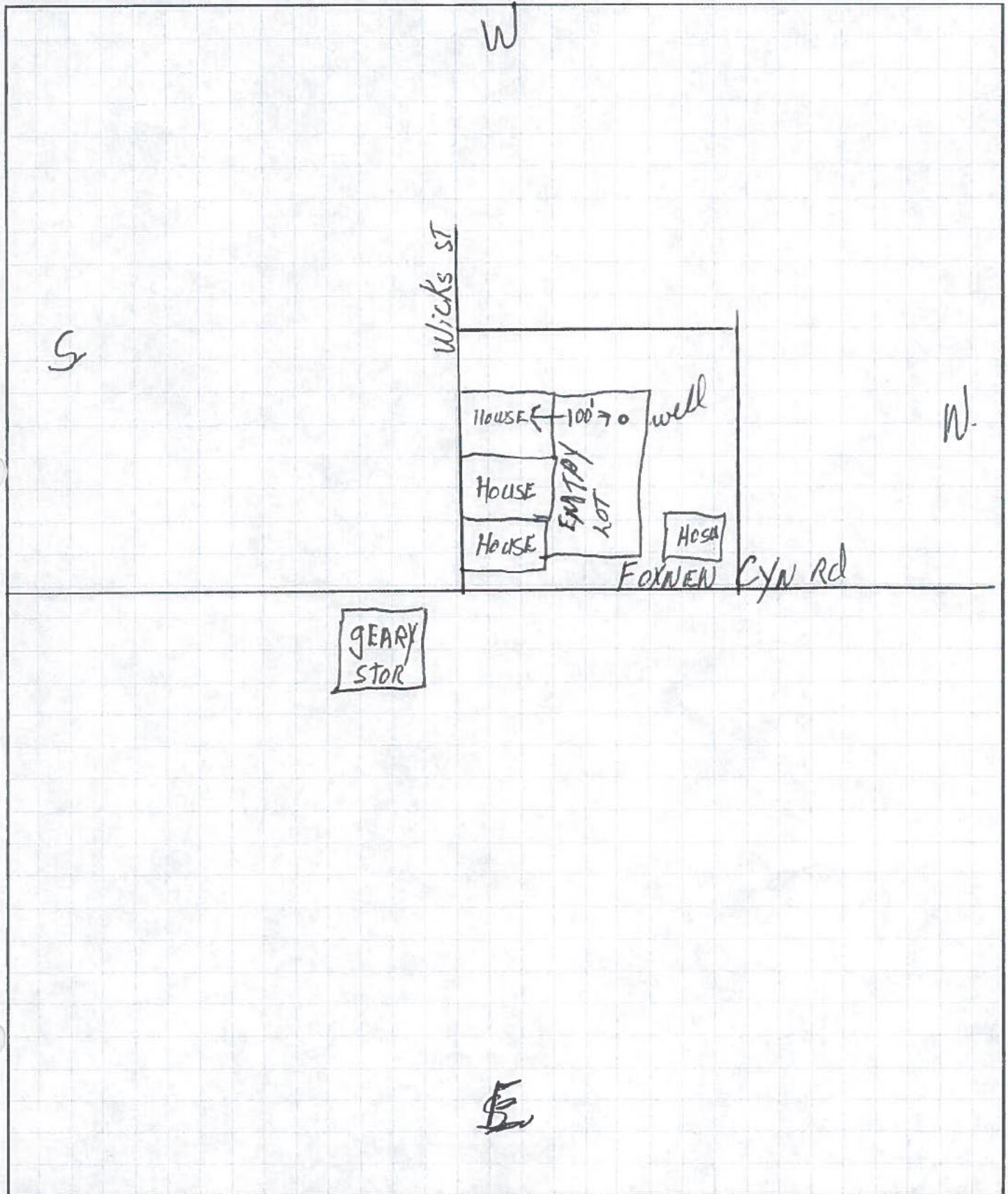
WELL PERMIT APPLICATION

Permit No. 9139

Page 2 of 2

Plot Plan ($\frac{1}{4}" = 20'$)

Indicate below the exact location of the proposed well with respect to the following items: Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses, flood plain, drainage pattern, existing wells, access roads, easements, and well site elevation. Include dimensions.





LAWRENCE HART, M.D., F.A.C.P.M.
DIRECTOR AND HEALTH OFFICER

COUNTY OF SANTA BARBARA • HEALTH CARE SERVICES

315 CAMINO DEL REMEDIO • SANTA BARBARA, CALIFORNIA 93110 • (805) 681-5200

October 5, 1990

Subject: Well Completion Report

Water Well Permit Number: 9139

Address:

A.P.#: 129-090-035

(b) (6)

This Department has reviewed the construction of the water well located on the subject property and has determined said work to have been performed in compliance with the requirements of the Well Drilling Ordinance, Chapter 34-A of the Santa Barbara County Ordinance, and the well construction is complete.

Please be advised that if you intend to use this well to supply domestic water, it will be necessary for you to meet the requirements of Chapter 34-B of the Code, including, but not limited to: pump testing, chemical analysis and water system design approval prior to construction. A copy of the water system ordinance is enclosed for your review.

Application forms and information for water system permits are available from Environmental Health Services Division. The Building Official will require that you obtain a permit for the water system prior to issuance of building permits.

If you have any questions concerning this matter, please contact me at 934-6223.

Sincerely,

Lawrence Hart, M.D.
Director and Health Officer

Henry S. Ruiz
Environmental Health Inspector

CC: Assessor's Office
Resource Management

COMPLETION.HSR.
07-90

☒ 500 West Foster Rd.
Santa Maria, CA 93455
(805) 934-6223

BRANCH OFFICES

☐ 751-B East Burton Mesa
Lompoc, CA 93436
(805) 737-7744

ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH CARE SERVICES
WELL PERMIT FIELD INVESTIGATION RECORD

APN # 129-090-35

Well Permit Application Received: Date 7/20/90

Site Investigation By Henry S Ruiz Date 7/24/90

Findings: (Check applicable boxes and give clearance)

- | | |
|---|---|
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> Animal Enclosure |
| <input type="checkbox"/> Sewer Lines | <input type="checkbox"/> Creek or Watercourse |
| <input type="checkbox"/> Leach Field | <input type="checkbox"/> Petroleum Tank or Pipeline |
| <input type="checkbox"/> Cesspool/Drywell | <input type="checkbox"/> Other |

No visible sources of contamination
which could affect well site

Application Reviewed and Approved: By H.S.R. Date 7/24/90

Work Investigation Record

Date 7/23/90

Well Site #: _____

Casing Information

Type: Steel ☒ PVC ☐ Other ☐

Borehole

Total Depth of Well: 304

Class/Gage/NSF: SDR 21

Annular Seal Depth: 20 ft.

ASTM#: _____

Well Bore Diameter: 12"

Diameter: 5" Total Depth: 304

Sealing Material: Concrete

Casing Schedule

Amount: 1 1/2 yds.

0'	-	204'	=	Blank
204	-	304	=	Perf
	-		=	
	-		=	
	-		=	
	-		=	
	-		=	

Method of Pour: gravity

Use of Tremie: _____

Driller(s): Ron Taylor

Comments: _____

Final Inspection and Approval/Denial: By H.S.R. Date 7/30/90

Notice of Work Acceptance/Rejection Sent to Well owner On 9/27/90

WELL PERMIT APPLICATION

TYPE OF PERMIT (Please check the appropriate box below)

<input type="checkbox"/> Construction or Modification <u>\$600</u> (3 hrs.) * [4669]	"Modification" means the deepening of a well, reperforation, sealing or replacement of well casing - construction of one completed well
<input type="checkbox"/> Well Inactivation <u>595.7</u> \$800 (2.5 hrs) * [4667]	Not used for a period of one year
<input type="checkbox"/> Well Destruction <u>475.7</u> \$400 (2 hrs) * [4668]	Abandonment - Complete filling of the well

SR0105807

FOR OFFICE USE ONLY
Rec'd Date: 9/15/08
Rec'd By: J Teniente
SR # 0105807
District # 207

* An hourly rate fee of \$110 will be added for those projects that require staff time in excess of that noted above. Final project approval will not be issued until all fees are paid.

Attach: Plot plan indicating the location of the well with respect to the following items:

- Property lines
- Drainage pattern of the property
- Access roads and easements (water, sewer, utility, roadway)
- Existing and/or proposed structures.
- Existing wells within a one hundred foot radius of the proposed well
- Animal or fowl enclosure, pens, paddocks, stockyards within a one hundred foot radius of proposed well site
- Sewage disposal systems or works carrying or containing sewage or industrial wastes within a two hundred foot radius of the proposed well
- All perennial, seasonal, natural, or artificial water bodies or watercourses, including location of one hundred year floodplain, if applicable

APPLICANT: ☒ Property Owner ☐ Licensed Well Drilling Contractor ☐ Owner's Agent (Authorized in writing)

Property Owner

Mailing Address:

Site Location:

Street Direction Street Name City State/Zip Code

(If applicant is other than Property Owner):

Applicant's Name Ken Taylor Drilling Telephone No. () 680 2128

Applicant's Address: 2801 Mahoney Rd Santa Maria CA 93455
Street Direction Street Name City State/Zip Code

Assessor's Parcel Number 129-090-04 Start: 9/18/08 Finish: / /

Well Use: ☒ Domestic Water ☐ Agriculture Water ☐ Cathodic ☐ Test ☐ Other

Drilling Method: ☒ Rotary ☐ Cable ☐ Other

Other Water Sources: ☐ Public ☒ Private ☐ None

Proposed Depth <u>300</u> ft.	<p>Casing Information</p> <p>Type: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other</p> <p>Wall / Gage _____ in. Diameter <u>5</u> in. Annular Seal Depth <u>50</u> ft.</p> <p>Additional Work Description _____</p> <p>Note: A 50 ft. annular seal is required for wells serving multiple connections.</p>
Well Bore Diam. <u>11</u> in.	
Sealing Material (Check)	
<input type="checkbox"/> Neat Cement <input type="checkbox"/> Clay <input type="checkbox"/> Cement Grout <input checked="" type="checkbox"/> Concrete	

LEGAL DECLARATION

SR0105807

LICENSED CONTRACTOR DECLARATION

I hereby affirm that I am licensed under the provisions of Chapter 9 (commencing with Sec. 7000) of Division 3 of the Business and Professions Code (B. & P.C.) as a well drilling contractor and such license is in full force and effect.

RON TAYLOR

Print Name of Driller

Signature of Driller

9-15-08

Date

Lic. No.: C-57523 858

Office Telephone

6802128

Cell Phone:

6802128

Business Name:

Address

(Complete 'A' or 'B')

A. WORKERS' COMPENSATION DECLARATION

I hereby affirm one of the following:

- ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- ☐ I have and will maintain workers' compensation insurance, as provided for by Section 3700 of the Labor Code, for the performance of work for which this permit is issued. My insurance carrier and policy number are:

Carrier: STATE FUND

Policy No.

Applicant Signature

Signature

Date

9-15-08

B. CERTIFICATION OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

I certify that in the performance of work for which this permit is issued, I shall not employ any person in an manner so as to become subject to the Worker's Compensation Laws of California.

Applicant Signature

Date

Notice to Applicant: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

WHEN SIGNED BY AN AUTHORIZED ENVIRONMENTAL HEALTH SERVICES REPRESENTATIVE, this application shall be deemed a permit for the work described. Please note that separate permits (such as electrical installation, waste discharge requirements, land use clearance, grading) may also be required from other agencies. THIS PERMIT SHALL EXPIRE upon completion of the task authorized one year from date of issuance. No changes from the approved plan are permitted without prior written approval by Environmental Health Services. Final clearance will not be issued until all fees are paid.

I hereby agree to comply with all regulations of the County of Santa Barbara pertaining to well construction, repair, modification, destruction and inactivation. The property owner, well driller, or agent will furnish Environmental Health Services a copy of a completed well log upon completion of well construction.

I certify that I have read this application and declare under penalty of perjury that the information contained herein is true, correct and complete. I hereby authorize representatives of Environmental Health Services to enter the premises for the purpose of inspecting the site and work described herein for compliance with county requirements.

NOTE: After permit approval, an inspection must be scheduled at least twenty-four hours in advance directly with the approving Environmental Health Specialist for:

1. The sealing of the annular space on a well;
2. The destruction of wells; and
3. Any operation stipulated on the permit to address special or unusual conditions.

RON TAYLOR

Applicant (Print Name)

Signature

Applicant's Signature

9-15-08

Date

FOR DEPARTMENT USE ONLY

Fixed Fee: Rec'd by: J Teniente Date Rec'd: 9/15/08 Amt. Rec'd: \$ 715⁰⁰ Check No. 5571 Receipt No. 1731083

Hourly Billing: Applicant notified by Plan Check (Initials):

Date:

Rec'd by:

Date Rec'd:

Amt. Rec'd: \$

Check No.:

Receipt No.:

EH Specialist

Signature

Application Disposition:

☒ Approved ☐ Denied

Date: 9/16/08

Final Clearance by

Kathryn Cardiel, R.E.H.S.

Date: 9-10-08

Comments:

WELL PERMIT APPLICATION

SR 0105807

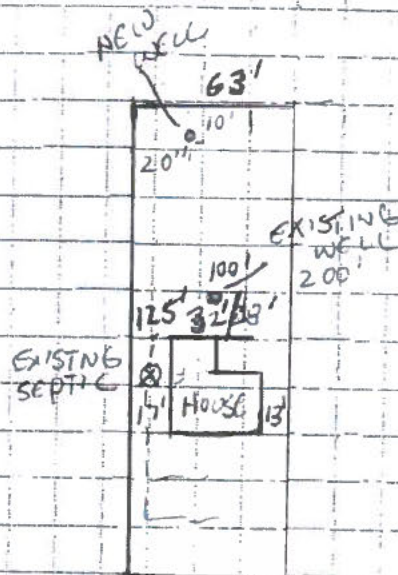
Plot Plan ($\frac{1}{2}$ " = 20')

Page 3 of 3

4279 Wicks Ave, SM

Indicate below the exact location of the proposed well with respect to the following items:
Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses,
flood plain, drainage pattern, existing walls, access roads, easements, and well site eleva-
Include dimensions.

APN 129-090-040

Dist 207
(208)

Plot plan prepared by

Name: JOAN ONTIVEROS

Signature:

Date: 9-15-08

ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH CARE SERVICES
WELL PERMIT FIELD INVESTIGATION RECORD

Well Permit Application Received: Date 9/15/08Site Investigation By Davis Date 9/16/08

Findings: (Check applicable boxes and give clearance)

- | | |
|---|---|
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> Animal Enclosure |
| <input type="checkbox"/> Sewer Lines | <input type="checkbox"/> Creek or Watercourse |
| <input type="checkbox"/> Leach Field | <input type="checkbox"/> Petroleum Tank or Pipeline |
| <input type="checkbox"/> Cesspool/Drywell | <input type="checkbox"/> Other |

Setbacks - OKAssessor - OKApplication Reviewed and Approved: By Davis Date 9/16/08

Work Investigation Record

Date 10/1/08Well Site #: 12

Casing Information

Borehole

Type: Steel ☐ PVC ☒ Other ☐Total Depth of Well: 290Class/Gage/NSF: SDR21Annular Seal Depth: 50"

ASTM#: _____

Well Bore Diameter: 10"Diameter: 5" Total Depth: 290Sealing Material: 10 SACAmount: ~ 3 yds

Casing Schedule

Method of Pour: PumpUse of Tremie: yesDriller(s): Ron TaylorDrillingComments: Cap on site; multi-parcel WS; John Davis spoke to Norman on 9-5-08Final Inspection and Approval/Denial: By Kathy Carchel Date 10/1/08Notice of Work Acceptance/Rejection Sent to Well owner On 10/2/08

9N 33W 2H4

4010

34° 53' 18.56" 120.18' 50.97

Permit No. 8935

Page 1 of 2 pages

WELL PERMIT APPLICATION

TO: Environmental Health Division
Santa Barbara County Health Care Services

Date 4-14-92

Name of Well Owner

Mailing Address

Street, P.O.

City

State

Zip Code

Telephone

Well Site Location:

Vicinity Map Attached ☐ (Check)

Assessor's Parcel No.

Street Address

Township

Range

Section

Rancho

Name of Well Driller

Company Name

Business Address

Date of Work

Contractor's License No.

Start 4/19/92 Finish 1/1

OTHER WATER SOURCE: Public ☐ Private ☐ None ☐

Permit Type (Check)

Well Use (Check)

Drilling Method (Check)

Construction ☒Domestic ☒Rotary ☒Repair/Modification ☐Agriculture ☐Cable ☐Destruction ☐Cathodic ☐Other ☐Inactivation ☐Test ☐

Proposed Depth 318 ft.

Casing Information

Well Bore Diam 12 1/2 in.

Type: Steel ☐ PVC ☒ Other ☐

Sealing Material (Check)

Wall/Gage 3/8 in.

Neat Cement ☒ Clay ☐

Diameter 6 in.

Cement Grout ☐ Concrete ☐

Annular Seal Depth 35 ft. 40'

Additional Work Description:

Annular seal depth should be minimum 40'

For Department Use Only

Application Disposition:

Approved ☒Denied ☐

Comments

I hereby agree to comply with all regulations of the County of Santa Barbara pertaining to well construction, repair, modification, destruction and inactivation. The property owner, well driller, or agent will furnish County Health Care Services a complete well log upon completion of well construction.

Signed

Applicant

\$450 Fee paid on 4/14/92

Receipt No. 1176880

Name

Date

S.B. ☐ Sol. ☐S.M. ☒ Lom ☐

WHEN SIGNED BY HEALTH CARE SERVICES, THIS APPLICATION IS A PERMIT. HEALTH OFFICER SHALL BE NOTIFIED PRIOR TO ALL SEALING OPERATIONS. NOTE: PERMIT EXPIRES ONE YEAR FROM DATE ISSUED.

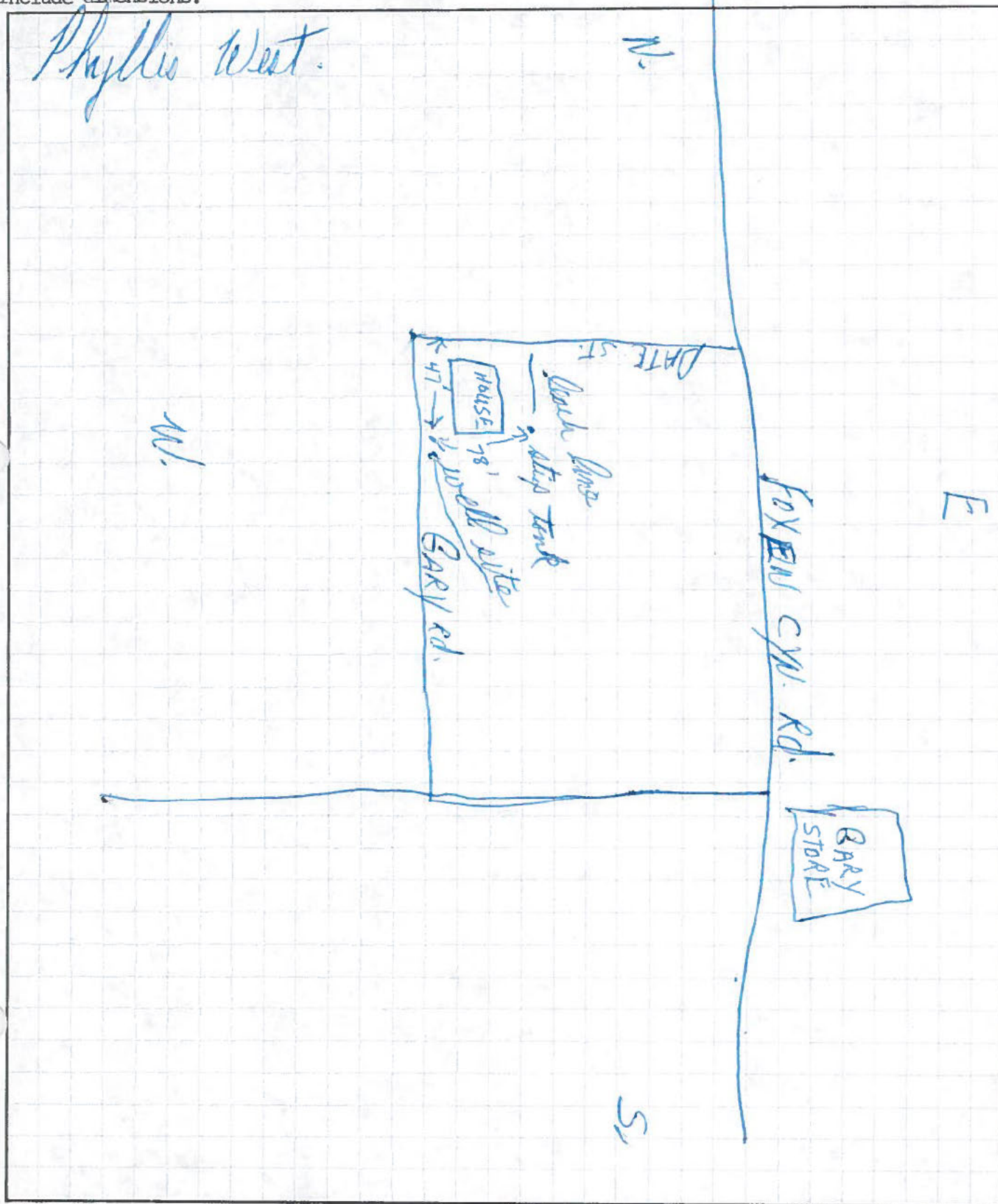
ADN 129-090-270

WELL PERMIT APPLICATION

Permit No. 8935
Page 2 of 2

Plot Plan (1/4" = 20')

Indicate below the exact location of the proposed well with respect to the following items:
Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses,
flood plain, drainage pattern, existing wells, access roads, easements, and well site elevation.
Include dimensions.



ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH CARE SERVICES
WELL PERMIT FIELD INVESTIGATION RECORD

Well Permit Application Received: Date 4 / 14 / 92

Site Investigation By Davis Date 1 / 1

Findings: (Check applicable boxes and give clearance)

- | | |
|---|---|
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> Animal Enclosure |
| <input type="checkbox"/> Sewer Lines | <input type="checkbox"/> Creek or Watercourse |
| <input checked="" type="checkbox"/> Leach Field | <input type="checkbox"/> Petroleum Tank or Pipeline |
| <input type="checkbox"/> Cesspool/Drywell | <input type="checkbox"/> Other |

*Min. annular seal to depth of 40' due
only 78' set back to leach field. -DE

Application Reviewed and Approved: By Davis/Evans Date 4 / 20 / 92

Work Investigation Record

Date 4 / 23 / 92

Well Site #: 1 of 1

Casing Information

Borehole

Type: Steel ☐ PVC ☒ Other ☐ Total Depth of Well: 318'

Class/Gage/NSF: 6" Annular Seal Depth: 42'4" ("55 FT.")

ASTM#: F-480 Well Bore Diameter: 12 1/2"

Diameter: 6" Total Depth: 318' Sealing Material: SAND & GRAV. PL. CEMENT

Casing Schedule

Amount: 2 YARDS, EST.

0'	-	180'	=	BLANK
180'	-	318'	=	PERF.
	-		=	
	-		=	
	-		=	
	-		=	
	-		=	

Method of Pour: PUMPED

Use of Tremie: 2-21' LENGTHS

Driller(s): RON TAYLOR

Comments: DEEPER SEAL REQUIRED SINCE ONLY APPROX. 78' TO LEACH FIELD; DRILLER RECORDED SEAL DEPTH AS 55 FEET

Final Inspection and Approval/Denial: By Evans Date 4 / 23 / 92

Notice of Work Acceptance/Rejection Sent to Well owner On NA / 1

(Replacement well for an existing Individual Water System)

CC073

ORIGINAL
File with DWR

09N33W02#5

STATE OF CALIFORNIA
WELL COMPLETION REPORT

Refer to Instruction Pamphlet

No. 0905283

Page of # 1

Date Work Began SR0106942, Ended 1-29-10

Local Permit Agency Santa Barbara Co

Permit No. SR0106942 Permit Date 12-28-09

DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE LONGITUDE

APN/TRS/OTHER

GEOLOGIC LOG

ORIENTATION ()	<input checked="" type="checkbox"/> VERTICAL	<input type="checkbox"/> HORIZONTAL	<input type="checkbox"/> ANGLE	(SPECIFY)
DEPTH FROM SURFACE	DRILLING METHOD	FLUID	DESCRIPTION	
Fl. to Fl.	Rotary	Mud	Describe material, grain size, color, etc.	
1 to 25			Sand & Gravel	
25 to 30			Brown Clay	
30 to 32			Gravel	
32 to 45			Sand & Clay Streaks	
45 to 60			Sand & Gravel	
60 to 100			Brown Clay With Gravel	
100 to 112			Sand & Gravel	
112 to 120			Brown Clay	
120 to 130			Sand & Gravel	
130 to 143			Brown Clay	
143 to 180			Sand & Gravel	
180 to 220			Brown Sandy Clay	
220 to 270			Course Sand	
270 to 295			Small Gravel	
295 to 350			Course Sand & Gravel	

WELL OWNER

34 53 15.44
120 18 52.27

Address 3820 Foxen Cyn Rd
City Santa Maria Calif 93454
County Santa Barbara Co
APN Book Page Parcel 129-090-037
Township Range Section
Lat. Long. N W
DEG. MIN. SEC. DEG. MIN. SEC.

LOCATION SKETCH
NORTH
WEST EAST
Fence
W.C.K's AVE
GEARY STORE
HOME
5000 GAL TANK

ACTIVITY ()
☒ NEW WELL
MODIFICATION/REPAIR
Deepen
Other (Specify)
DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")
USES ()
WATER SUPPLY
☒ Domestic ☐ Public
☒ Irrigation ☐ Industrial
MONITORING
TEST WELL
CATHODIC PROTECTION
HEAT EXCHANGE
DIRECT PUSH
INJECTION
VAPOR EXTRACTION
SPARGING
REMEDIATION
OTHER (SPECIFY)

Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE.

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER (Fl.) BELOW SURFACE
DEPTH OF STATIC WATER LEVEL 1.76 (Fl.) & DATE MEASURED 1-20-2010
ESTIMATED YIELD 1.8 (GPM) & TEST TYPE Pump
TEST LENGTH 24 (Hrs) TOTAL DRAWDOWN 8 (Fl.)
* May not be representative of a well's long-term yield.

DEPTH FROM SURFACE		BORE-HOLE DIA. (Inches)	CASING (S)							DEPTH FROM SURFACE	ANNULAR MATERIAL				
			TYPE ()				MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS		SLOT SIZE IF ANY (Inches)	TYPE			
			BLANK	SCREEN	CON- DUCTOR	FILL PIPE						CE- MENT ()	BEN- TONITE ()	FILL ()	FILTER PACK (TYPE/SIZE)
Fl.	to Fl.									Fl.	to Fl.				
0	202'	11	X				PVC	5	SDR-21		0	52'	X		
202'	342'	11	X				PVC	5	SDR-21	040					Montery

ATTACHMENTS ()

- Geologic Log
- Well Construction Diagram
- Geophysical Log(s)
- Soil/Water Chemical Analyses
- Other

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME Ron Taylor Drilling
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)
ADDRESS 2801 Mahoney Santa Maria Calif 93455
Signed [Signature] DATE SIGNED 1-29-10 523-858
C-57 LICENSE WATER WELL CONTRACTOR C-57 LICENSE NUMBER

02/08/10

CC 30

9N 33W 25

ORIGINAL
File with DWR

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Do Not Fill In

No 106376

State Well No. _____

Other Well No. _____

NOV 30 1978
34.884784

9N 34W 00 - 120.312669

(11) WELL LOG:

Total depth 613 ft. Depth of completed well 600 ft.

Formation: Describe by color, character, size of material, and structure

(2) LOCATION OF WELL:

County SANTA BARBARA Owner's number, if any 9N 34W

Township, Range, and Section ASSESSORS # 129-100-16

Distance from cities, roads, railroads, etc. 1/4 mile S of GARY ON

GARY RD @ INTERSECTION OF ORCHARD & GARY

(3) TYPE OF WORK (check): 1000' E of ROAD

New Well ☒ Deepening ☐ Reconditioning ☐ Destroying ☐

If destruction, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐

Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☒

Cable ☐

Other ☐

(6) CASING INSTALLED:

STEEL: OTHER:

SINGLE ☐ DOUBLE ☒

If gravel packed

From ft.	To ft.	Diam.	Gage or Wall	Diameter of Bore	From ft.	To ft.
0	600	8 3/4	185	14	0	50
				15	50	613

Size of shoe or well ring:

Size of gravel: 3/4 X 1/2

Describe joint Rolled Steel Couplers - Welded

(7) PERFORATIONS OR SCREEN:

Type of perforation or name of screen Mined Saw Slots

From ft.	To ft.	Perf. per row	Rows per ft.	Size in. x in.
400	580	4	3	1/2 x 3

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes ☒ No ☐ To what depth 67 ft.

Were any strata sealed against pollution? Yes ☐ No ☒ If yes, note depth of strata

From ft. to ft.

From ft. to ft.

Method of sealing CEMENT GROUT

(9) WATER LEVELS:

Depth at which water was first found, if known ft. 42

Standing level before perforating, if known ft.

Standing level after perforating and developing ft. 129 129

(10) WELL TESTS:

Was pump test made? Yes ☒ No ☐ If yes, by whom? Miller Pump

580 gal./min. with 39 ft. drawdown after 8 hrs.

Temperature of water Was a chemical analysis made? Yes ☐ No ☒

Was electric log made of well? Yes ☐ No ☒ If yes, attach copy

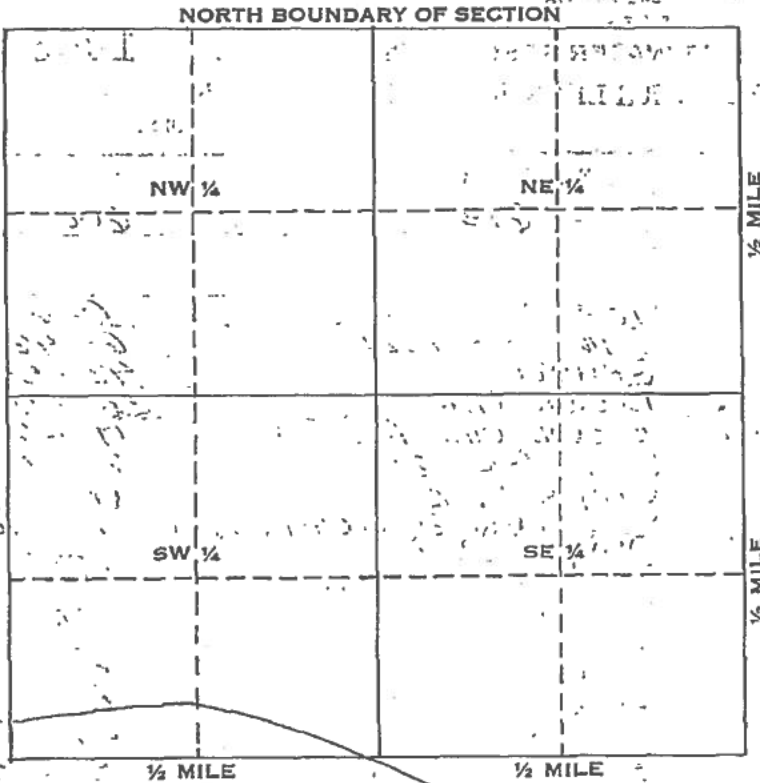
Top Soil SAND	0-6
SAND & GRAVEL	6-42
GRAVEL	42-50
BROWN CLAY	50-71
BROWN CLAY AND SAND	71-87
SAND GRAVEL	87-100
CLAY & SAND	100-116
SAND & GRAVEL w/CLAY STREAKS	116-163
CLAY & SAND	163-180
SAND GRAVEL CLAY	180-256
CLAY & SAND	256-310
GRAVEL CLAY & SAND	310-353
CLAY yellow & BROWN	353-360
GRAVEL SAND & CLAY	360-418
CLAY & SAND	418-426
GRAVEL SAND CLAY	426-573
CLAY HARD	573-613

CONFIDENTIAL - NOT
FOR PUBLIC RELEASE

SKETCH LOCATION OF WELL ON REVERSE SIDE

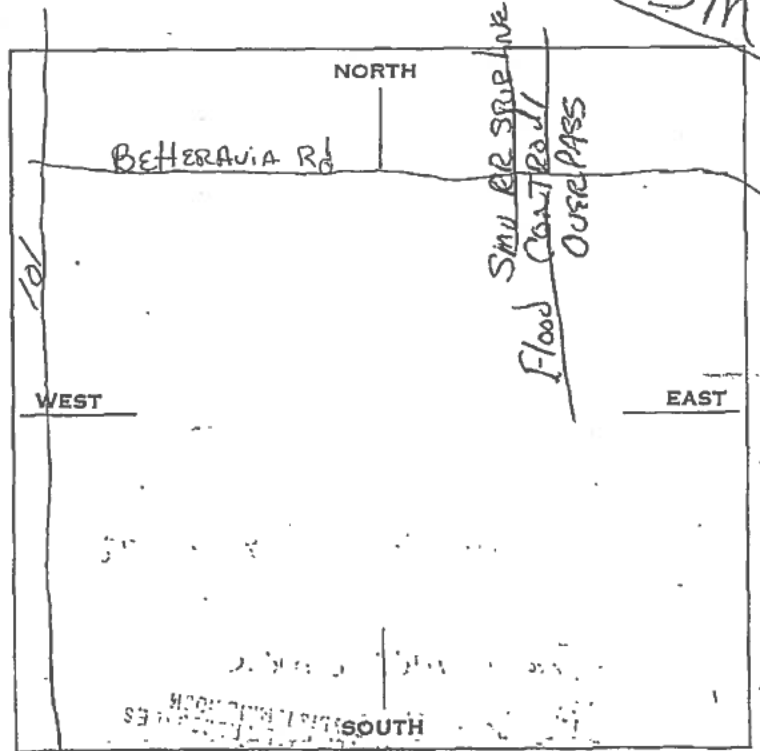
WELL LOCATION SKETCH

106376

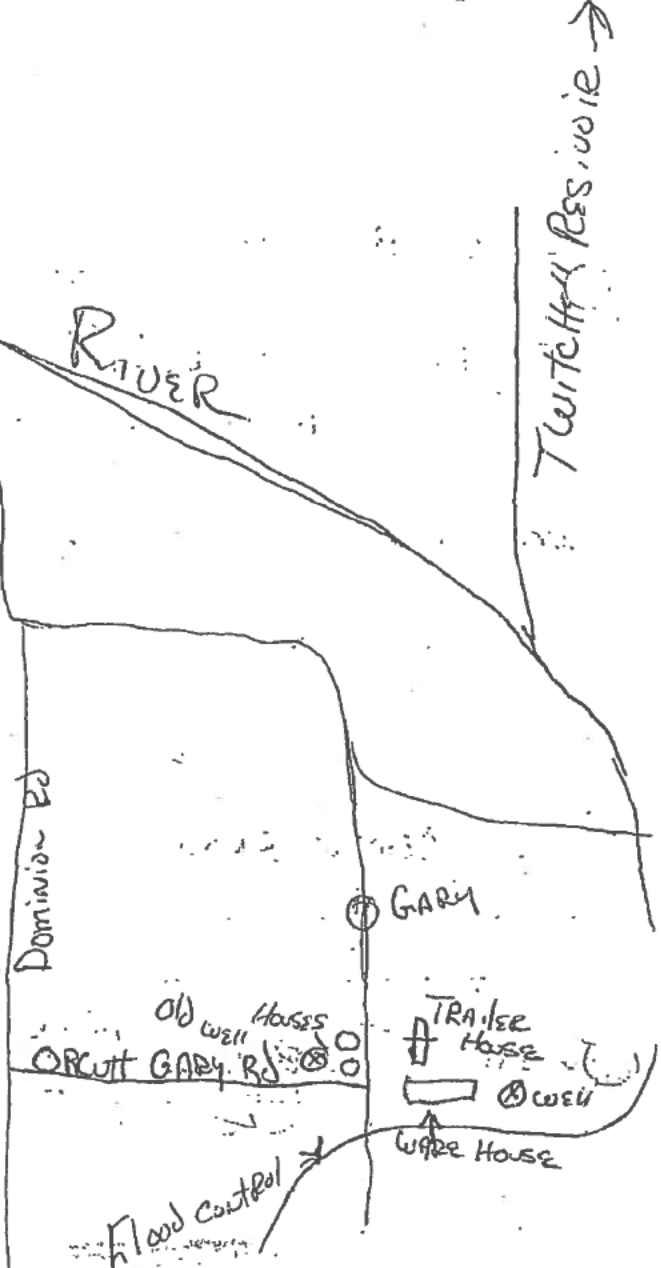


Township _____ N/S
Range _____ E/W
Section No. _____

A. Location of well in sectionized areas.
Sketch roads, railroads, streams, or other features as necessary.



B. Location of well in areas not sectionized.
Sketch roads, railroads, streams, or other features as necessary.
Indicate distances.



Q133W ZK CCO74

Permit Date

Refer to Instruction Pamphlet

No.

DWR USE ONLY — DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE

LONGITUDE

APN/TRS/OTHER

GEOLOGIC LOG

WELL OWNER

[illegible]

Name _____
Mailing Address _____
CITY _____ STATE _____ ZIP _____

WELL LOCATION

Address _____
City _____
County _____

APN Book _____ Page _____ Parcel _____
Township _____ Range _____ Section _____
Lat _____ N Long _____ W

LOCATION SKETCH

- ACTIVITY (\leq)

WEST

NORTH

NEW WELL

MODIFICATION/REPAIR

Deepen

Other (Specify)

Describe
as and Materials
EOLGIC LOG

Public

Industrial

ITORING

ST WELL

ECTION

CHANGE

T PUSH

ECTION

CTION

RGING

ATION

OTHER (SPECIFY)

SO

Illustrate or Describe Distance
Fences, Rivers, etc. and attach
necessary. PLEASE BE ACCURATE & COMPLETE.

Arduantz
Fresh water
Vaquerero

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER _____ (FL) BELOW SURFACE
 DEPTH OF STATIC
 WATER LEVEL _____ (FL) & DATE MEASURED _____
 ESTIMATED YIELD * _____ (GPM) & TEST TYPE _____
 TEST LENGTH _____ (Hrs.) TOTAL DRAWDOWN _____ (FL)
 * May not be representative of a well's long-term yield.

[illegible]

ATTACHMENTS (≦)

- ☐ Geologic Log
☐ Well Construction Diagram
☐ Geophysical Log(s)
☐ Soil/Water Chemical Analyses
☐ Other _____

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME _____
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS

CIT

STATE

ZIP

Signed

C-57 LICENSED WATER WELL CONTRACTOR

DATE SIGNED _____

C-57 LICENSE NUMBER



Analytical Chemists
February 21, 2011

Ron Taylor Drilling
2801 Mahoney Rd
Santa Maria CA 93455

Lab ID : CC 1180267
Customer : 8-449

Laboratory Report

Introduction: This report package contains total of 13 pages divided into 4 sections:

Case Narrative	(3 pages) : An overview of the work performed at FGL.
Sample Results	(3 pages) : Results for each sample submitted.
Interpretation	(2 pages) : Drinking Water Interpretation for each sample submitted.
Quality Control	(5 pages) : Supporting Quality Control (QC) results.

Case Narrative

This Case Narrative pertains to the following samples:

Sample Description	Date Sampled	Date Received	FGL Lab ID #	Matrix
Ardanta Lease New Well	02/02/2011	02/02/2011	CC 1180267-001	DW

Sampling and Receipt Information: The sample was performed by FGL using the following methods (where applicable):

Bacteriological Sampling	- SOP:S0FS005
Grab sampling for liquids	- SOP:S0FS010
Composite sampling for liquids	- SOP:S0FS015
Grab sampling for solids	- SOP:S0FS020
Composite sampling for solids	- SOP:S0FS025

All samples were received, prepared and analyzed within the method specified holding times. All samples arrived on ice. All samples were checked for pH if acid or base preservation is required (except for VOAs). For details of sample receipt information, please see the attached Chain of Custody and Condition Upon Receipt Form.

Quality Control: All samples were prepared and analyzed according to the following tables:

Inorganic - Metals QC

200.7	02/04/2011:201889 All analysis quality controls are within established criteria.
	02/04/2011:201354 All preparation quality controls are within established criteria.
200.8	02/04/2011:201793 All analysis quality controls are within established criteria.

February 21, 2011
Taylor Drilling

Lab ID : CC 1180267
Customer : 8-449

Inorganic - Metals QC

200.8	02/07/2011:201992 All analysis quality controls are within established criteria.
	02/04/2011:201357 All preparation quality controls are within established criteria, except: The following note applies to Aluminum, Antimony, Selenium: 435 Sample matrix may be affecting this analyte. Data was accepted based on the LCS or CCV recovery.
245.1	02/17/2011:202422 All analysis quality controls are within established criteria.
7470	02/16/2011:201758 All preparation quality controls are within established criteria, except: The following note applies to Mercury: 435 Sample matrix may be affecting this analyte. Data was accepted based on the LCS or CCV recovery.

Inorganic - Wet Chemistry QC

2120B	02/03/2011:202389 All analysis quality controls are within established criteria.
	02/03/2011:201379 All preparation quality controls are within established criteria.
2130B	02/03/2011:202391 All analysis quality controls are within established criteria.
	02/03/2011:201381 All preparation quality controls are within established criteria.
2150B	02/03/2011:201380 All preparation quality controls are within established criteria.
2320B	02/07/2011:201959 All analysis quality controls are within established criteria.
	02/07/2011:201420 All preparation quality controls are within established criteria.
2510B	02/07/2011:201903 All analysis quality controls are within established criteria.
	02/07/2011:201419 All preparation quality controls are within established criteria.
2540 G	02/04/2011:201355 All preparation quality controls are within established criteria.
300.0	02/04/2011:201795 All analysis quality controls are within established criteria.
	02/03/2011:201329 All preparation quality controls are within established criteria.
5540C	02/03/2011:201846 All analysis quality controls are within established criteria.
	02/03/2011:201385 All preparation quality controls are within established criteria.

February 21, 2011
Ron Taylor Drilling

Lab ID : CC 1180267
Customer : 8-449

Certification:: I certify that this data package is in compliance with NELAC standards, both technically and for completeness, except for any conditions listed above. Release of the data contained in this data package is authorized by the Laboratory Director or his designee, as verified by the following electronic signature.

KD:DMB

Approved By **Kelly A. Dunnahoo, B.S.**



Digitally signed by Kelly A. Dunnahoo, B.S.
Title: Laboratory Director
Date: 2011-02-21



Analytical Chemists
February 21, 2011

Lab ID : CC 1180267-001

Customer ID : 8-449

Ron Taylor Drilling

2801 Mahoney Rd
Santa Maria CA 93455

Sampled On : February 2, 2011-12:05

Sampled By : Mary Janson

Received On : February 2, 2011-17:00

Matrix : Drinking Water

Description : Ardanta Lease New Well

Project : Vaquerito Energy

Sample Result - Inorganic

Constituent	Result	PQL	Units	MCL/AL	Sample Preparation		Sample Analysis	
					Method	Date/ID	Method	Date/ID
General Mineral ^{P.15}								
Total Hardness as CaCO ₃	481	2.5	mg/L		200.7	02/04/11:201354	200.7	02/04/11:201889
Calcium	97	1	mg/L		200.7	02/04/11:201354	200.7	02/04/11:201889
Magnesium	58	1	mg/L		200.7	02/04/11:201354	200.7	02/04/11:201889
Potassium	2	1	mg/L		200.7	02/04/11:201354	200.7	02/04/11:201889
Sodium	54	1	mg/L		200.7	02/04/11:201354	200.7	02/04/11:201889
Total Cations	12.0	0.1	meq/L		200.7	02/04/11:201354	200.7	02/04/11:201889
Boron	0.1	0.1	mg/L		200.7	02/04/11:201354	200.7	02/04/11:201889
Copper	30	10	ug/L	1000 ²	200.7	02/04/11:201354	200.7	02/04/11:201889
Iron	80	50	ug/L	300 ²	200.7	02/04/11:201354	200.7	02/04/11:201889
Manganese	ND	10	ug/L	50 ²	200.7	02/04/11:201354	200.7	02/04/11:201889
Zinc	50	20	ug/L		200.7	02/04/11:201354	200.7	02/04/11:201889
SAR	1.1	0.1	--		200.7	02/04/11:201354	200.7	02/04/11:201889
Total Alkalinity (as CaCO ₃)	200	10	mg/L		2320B	02/07/11:201420	2320B	02/07/11:201959
Hydroxide	ND	10	mg/L		2320B	02/07/11:201420	2320B	02/07/11:201959
Carbonate	ND	10	mg/L		2320B	02/07/11:201420	2320B	02/07/11:201959
Bicarbonate	240	10	mg/L		2320B	02/07/11:201420	2320B	02/07/11:201959
Sulfate	330	10*	mg/L	500 ²	300.0	02/03/11:201329	300.0	02/04/11:201795
Chloride	38	1	mg/L	500 ²	300.0	02/03/11:201329	300.0	02/04/11:201795
Nitrate	18.2	0.4	mg/L	45	300.0	02/03/11:201329	300.0	02/04/11:201795
Nitrite as N	ND	0.1	mg/L	1	300.0	02/03/11:201329	300.0	02/04/11:201795
Nitrate + Nitrite as N	4.1	0.1	mg/L	10	300.0	02/03/11:201329	300.0	02/04/11:201795
Fluoride	0.4	0.1	mg/L	2	300.0	02/03/11:201329	300.0	02/04/11:201795
Total Anions	12.2	0.1	meq/L		2320B	02/07/11:201420	2320B	02/07/11:201959
pH	7.5	--	units		4500-H B	02/02/11:201313	4500HB	02/02/11:201764
Specific Conductance	1100	1	umhos/cm	1600 ²	2510B	02/07/11:201419	2510B	02/07/11:201903
Total Dissolved Solids	780	20	mg/L	1000 ²	2540 G	02/04/11:201355	2540C	02/06/11:201877
MBAS (foaming agents)	ND	0.1	mg/L	0.5 ²	5540C	02/03/11:201385	5540C	02/03/11:201846
Aggressiveness Index	12.2	1	--		4500-H B	02/02/11:201313	4500HB	02/02/11:201764
Langlier Index (20°C)	0.3	1	--		4500-H B	02/02/11:201313	4500HB	02/02/11:201764
Metals, Total ^{P.15}								
Aluminum	ND	10	ug/L	1000	200.8	02/04/11:201357	200.8	02/04/11:201793
Antimony	ND	1	ug/L	6	200.8	02/04/11:201357	200.8	02/07/11:201992
Arsenic	ND	2	ug/L	10	200.8	02/04/11:201357	200.8	02/04/11:201793
Barium	23.9	0.2	ug/L	1000	200.8	02/04/11:201357	200.8	02/04/11:201793
Beryllium	ND	0.2	ug/L	4	200.8	02/04/11:201357	200.8	02/04/11:201793

February 21, 2011

Description : Ardanta Lease New Well

Lab ID : CC 1180267-001

Customer ID : 8-449

Sample Result - Inorganic

Constituent	Result	PQL	Units	MCL/AL	Sample Preparation		Sample Analysis	
					Method	Date/ID	Method	Date/ID
Metals, Total ^{P,15}								
Cadmium	ND	0.2	ug/L	5	200.8	02/04/11:201357	200.8	02/04/11:201793
Chromium	2	1	ug/L	50	200.8	02/04/11:201357	200.8	02/04/11:201793
Lead	ND	0.2	ug/L	15	200.8	02/04/11:201357	200.8	02/04/11:201793
Mercury	ND	0.02	ug/L	2	7470	02/16/11:201758	245.1	02/17/11:202422
Nickel	ND	1	ug/L	100	200.8	02/04/11:201357	200.8	02/04/11:201793
Selenium	5	2	ug/L	50	200.8	02/04/11:201357	200.8	02/04/11:201793
Silver	ND	1	ug/L	100 ²	200.8	02/04/11:201357	200.8	02/04/11:201793
Thallium	ND	0.2	ug/L	2	200.8	02/04/11:201357	200.8	02/04/11:201793
Vanadium	2	2	ug/L		200.8	02/04/11:201357	200.8	02/04/11:201793
Wet Chemistry ^{AGT,1}								
Color	ND	5	units	15	2120B	02/03/11:201379	2120B	02/03/11:202389
Odor	ND	1	TON	3	2150B	02/03/11:201380	2150B	02/03/11:202390
Turbidity	0.3	0.2	NTU	5	2130B	02/03/11:201381	2130B	02/03/11:202391

ND=Non-Detected. PQL=Practical Quantitation Limit. Containers: (AGT) Amber Glass TFE-Cap, (N/A) Not Applicable COC Only, (P) Plastic

Preservatives: H2SO4 pH < 2, HNO3 pH < 2 ‡ Surrogate. * PQL adjusted for dilution.

MCL = Maximum Contamination Level. 2 - Secondary Standard. 3 - CDPH Notification Level. AL = Regulatory Action Level.



Analytical Chemists
February 21, 2011

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Sampled By : Mary Janson
Received On : February 2, 2011-17:00
Matrix : Drinking Water

Description : Ardanta Lease New Well
Project : Vaquerito Energy

Sample Result - Support

Constituent	Result	PQL	Units	Note	Sample Preparation		Sample Analysis	
					Method	Date/ID	Method	Date/ID
Field Test								
Temperature	17.3		°C			02/02/11 12:05	2550B	02/02/11 12:05
Conductivity	1033		umhos/cm			02/02/11 12:05	2510B	02/02/11 12:05

ND=Non-Detected. PQL=Practical Quantitation Limit. Containers: (AGT) Amber Glass TFE-Cap, (N/A) Not Applicable COC Only, (P) Plastic
Preservatives: H2SO4 pH < 2, HNO3 pH < 2 ‡Surrogate. * PQL adjusted for dilution.

Drinking Water Interpretation

Summary: Your Water was acceptable for all items tested on this sample report. Details are presented below:

CONSTITUENT	RESULT	UNITS	MCL	MCL	
				LESS OR EQUAL	EXCEED
Inorganic - Primary					
Aluminum	ND	ug/L	1000	Pass	
Antimony	ND	ug/L	6	Pass	
Arsenic	ND	ug/L	10	Pass	
Barium	23.9	ug/L	1000	Pass	
Beryllium	ND	ug/L	4	Pass	
Cadmium	ND	ug/L	5	Pass	
Chromium	2	ug/L	50	Pass	
Color	ND	units	15	Pass	
Fluoride	0.4	mg/L	2	Pass	
Mercury	ND	ug/L	2	Pass	
Nickel	ND	ug/L	100	Pass	
Nitrate	18.2	mg/L	45	Pass	
Nitrate + Nitrite as N	4.1	mg/L	10	Pass	
Nitrite as N	ND	mg/L	1	Pass	
Odor	ND	TON	3	Pass	
Selenium	5	ug/L	50	Pass	
Thallium	ND	ug/L	2	Pass	
Turbidity	0.3	NTU	5	Pass	
Inorganic - Secondary					
Aluminum	ND	ug/L	200	Pass	
Chloride	38	mg/L	500	Pass	
Copper	30	ug/L	1000	Pass	
Iron	80	ug/L	300	Pass	
Manganese	ND	ug/L	50 !	Pass	
MBAS (foaming agents)	ND	mg/L	0.5	Pass	
Silver	ND	ug/L	100	Pass	
Specific Conductance	1100	umhos/cm	1600	Pass	
Sulfate	330	mg/L	500	Pass	
Total Dissolved Solids	780	mg/L	1000	Pass	

Drinking Water Interpretation

CONSTITUENT	RESULT	UNITS	MCL	MCL	
				LESS OR EQUAL	EXCEED
Other Copper	30	ug/L	1300**	Pass	

ND=Non-Detected. ** Federal Action Level Title 22, Section 64672.3

MCL: The maximum level at which a constituent may be present and be considered acceptable for potability or aesthetics.

Primary: Items listed as primary are regulated because of health concerns. If there is a failure for a primary constituent treatment is normally required.

Secondary: Items listed as secondary are regulated because they may adversely affect the taste, odor or appearance of drinking water. They are not directly health related. If there is a failure for a secondary constituent on a small public water system it is best to consult your regulator to determine if treatment is required. A secondary constituent failure for a private water system does not require treatment. However, the owner may wish to treat the water in order to improve the quality.

Treatment: If your water requires treatment we suggest that you contact a qualified water treatment company. They are normally listed in the yellow pages under the following topics:

Water Purification & Filtration Equipment
Water Softening & Conditioning Equipment
Water Treatment Equipment



Analytical Chemists

February 21, 2011
Ron Taylor Drilling

Lab ID : CC 1180267
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Quality Control - Inorganic

Constituent	Method	Date/ID	Type	Units	Conc.	QC Data	DQO	Note
Metals Boron	200.7	(CC 1180246-001)	MS	mg/L	4.000	102 %	75-125	
			MSD	mg/L	4.000	106 %	75-125	
			MSRPD	mg/L	4.000	3.2%	≤20.0	
	200.7	02/04/2011:201889	CCV	ppm	5.000	97.9 %	90-110	
			CCB	ppm		0.004	0.1	
			CCV	ppm	5.000	100 %	90-110	
			CCB	ppm		0.007	0.1	
Calcium	200.7	(CC 1180246-001)	MS	mg/L	12.50	64.8 %	<¼	
			MSD	mg/L	12.50	68.8 %	<¼	
			MSRPD	mg/L	4.000	0.4%	≤20.0	
	200.7	02/04/2011:201889	CCV	ppm	25.00	94.5 %	90-110	
			CCB	ppm		0.01	1.0	
			CCV	ppm	25.00	97.8 %	90-110	
			CCB	ppm		0.001	1.0	
Copper	200.7	(CC 1180246-001)	MS	ug/L	800.0	100 %	75-125	
			MSD	ug/L	800.0	105 %	75-125	
			MSRPD	ug/L	4.000	4.2%	≤20.0	
	200.7	02/04/2011:201889	CCV	ppm	1.000	95.8 %	90-110	
			CCB	ppm		-0.0003	0.05	
			CCV	ppm	1.000	99.2 %	90-110	
			CCB	ppm		-0.0012	0.05	
Iron	200.7	(CC 1180246-001)	MS	ug/L	3992	99.1 %	75-125	
			MSD	ug/L	3992	101 %	75-125	
			MSRPD	ug/L	4.000	2.3%	≤20.0	
	200.7	02/04/2011:201889	CCV	ppm	4.990	97.5 %	90-110	
			CCB	ppm		0.0394	0.05	
			CCV	ppm	4.990	101 %	90-110	
			CCB	ppm		0.0178	0.05	
Magnesium	200.7	(CC 1180246-001)	MS	mg/L	12.50	50.4 %	<¼	
			MSD	mg/L	12.50	52.8 %	<¼	
			MSRPD	mg/L	4.000	0.1%	≤20.0	
	200.7	02/04/2011:201889	CCV	ppm	25.00	94.7 %	90-110	
			CCB	ppm		0.07	1.0	
			CCV	ppm	25.00	99.0 %	90-110	
			CCB	ppm		0.05	1.0	
Manganese	200.7	(CC 1180246-001)	MS	ug/L	800.0	98.8 %	75-125	
			MSD	ug/L	800.0	102 %	75-125	
			MSRPD	ug/L	4.000	3.4%	≤20.0	
	200.7	02/04/2011:201889	CCV	ppm	1.000	95.9 %	90-110	
			CCB	ppm		-0.0023	0.03	
			CCV	ppm	1.000	99.0 %	90-110	
			CCB	ppm		-0.0005	0.03	
Potassium	200.7	(CC 1180246-001)	MS	mg/L	12.50	101 %	75-125	
			MSD	mg/L	12.50	105 %	75-125	
			MSRPD	mg/L	4.000	4.0%	≤20.0	
	200.7	02/04/2011:201889	CCV	ppm	25.00	95.6 %	90-110	
			CCB	ppm		-0.05	1.0	
			CCV	ppm	25.00	98.9 %	90-110	
			CCB	ppm		-0.08	1.0	
Sodium	200.7	(CC 1180246-001)	MS	mg/L	12.50	53.6 %	<¼	
			MSD	mg/L	12.50	63.2 %	<¼	
			MSRPD	mg/L	4.000	0.8%	≤20.0	
	200.7	02/04/2011:201889	CCV	ppm	25.00	95.9 %	90-110	
			CCB	ppm		0.005	1.0	
			CCV	ppm	25.00	100 %	90-110	

Quality Control - Inorganic

Constituent	Method	Date/ID	Type	Units	Conc.	QC Data	DQO	Note
Metals								
Sodium	200.7	02/04/2011:201889	CCB	ppm		0.01	1.0	
Zinc	200.7	(CC 1180246-001)	MS	ug/L	2000	102 %	75-125	
			MSD	ug/L	2000	105 %	75-125	
			MSRPD	ug/L	4.000	3.2%	≤20.0	
	200.7	02/04/2011:201889	CCV	ppm	1.000	98.2 %	90-110	
Aluminum	200.8	(CC 1180112-001)	CCB	ppm		0.0001	0.05	
			CCV	ppm	1.000	100 %	90-110	
			CCB	ppm		-0.0002	0.05	
	200.8	02/04/2011:201793	MS	ug/L	5.000	417 %	75-125	435
Antimony	200.8	(CC 1180112-001)	MSD	ug/L	5.000	428 %	75-125	435
			MSRPD	ug/L	5.000	0.56	≤10	
			CCV	ppb	120.0	108 %	90-110	
	200.8	02/04/2011:201793	CCB	ppb		-7.3	10	
Arsenic	200.8	(CC 1180112-001)	CCV	ppb	120.0	107 %	90-110	
			CCB	ppb		-7.2	10	
			CCV	ppb	120.0	95.0 %	90-110	
	200.8	02/07/2011:201992	CCB	ppb		0.37	1	
Barium	200.8	(CC 1180112-001)	CCV	ppb	120.0	96.0 %	90-110	
			CCB	ppb		0.22	1	
			MS	ug/L	5.000	55.2 %	75-125	435
	200.8	02/04/2011:201793	MSD	ug/L	5.000	71.0 %	75-125	435
Beryllium	200.8	(CC 1180112-001)	MSRPD	ug/L	5.000	0.79	≤1	
			CCV	ppb	120.0	95.0 %	90-110	
			CCB	ppb		0.37	1	
	200.8	02/07/2011:201992	CCV	ppb	120.0	96.0 %	90-110	
Cadmium	200.8	(CC 1180112-001)	CCB	ppb		0.22	1	
			MS	ug/L	5.000	102 %	75-125	
			MSD	ug/L	5.000	98.2 %	75-125	
	200.8	02/04/2011:201793	MSRPD	ug/L	5.000	0.19	≤2	
Chromium	200.8	(CC 1180112-001)	CCV	ppb	120.0	107 %	90-110	
			CCB	ppb		0.13	2	
			CCV	ppb	120.0	106 %	90-110	
	200.8	02/04/2011:201793	CCB	ppb		-0.06	2	
Copper	200.8	(CC 1180112-001)	MS	ug/L	5.000	86.0 %	75-125	
			MSD	ug/L	5.000	38.0 %	<¼	
			MSRPD	ug/L	5.000	1.1%	≤20	
	200.8	02/04/2011:201793	CCV	ppb	120.0	104 %	90-110	
Lead	200.8	(CC 1180112-001)	CCB	ppb		0.001	0.2	
			CCV	ppb	120.0	104 %	90-110	
			CCB	ppb		-0.018	0.2	
	200.8	02/04/2011:201793	CCV	ppb	120.0	91.2 %	90-110	
Mercury	200.8	(CC 1180112-001)	CCB	ppb		-0.032	0.2	
			CCV	ppb	120.0	93.1 %	90-110	
			CCB	ppb		-0.031	0.2	
	200.8	02/04/2011:201793	CCV	ppb	120.0	93.1 %	90-110	
Manganese	200.8	(CC 1180112-001)	CCB	ppb		0.005	0.2	
			CCV	ppb	120.0	108 %	90-110	
			CCB	ppb		0.012	0.2	
	200.8	02/04/2011:201793	CCV	ppb	120.0	108 %	90-110	
Nickel	200.8	(CC 1180112-001)	CCB	ppb		0.012	0.2	
			MS	ug/L	5.000	84.2 %	75-125	
			MSD	ug/L	5.000	80.2 %	75-125	
	200.8	02/04/2011:201793	MSRPD	ug/L	5.000	0.8%	≤20	
Silver	200.8	(CC 1180112-001)	CCV	ppb	120.0	102 %	90-110	
			CCB	ppb				
			CCV	ppb	120.0			
	200.8	02/04/2011:201793	CCB	ppb				

Quality Control - Inorganic

Constituent	Method	Date/ID	Type	Units	Conc.	QC Data	DQO	Note
Metals Chromium	200.8	02/04/2011:201793	CCB	ppb		0.008	1	
			CCV	ppb	120.0	103 %	90-110	
			CCB	ppb		0.01	1	
Lead	200.8	(CC 1180112-001)	MS	ug/L	5.000	93.2 %	75-125	
			MSD	ug/L	5.000	93.6 %	75-125	
			MSRPD	ug/L	5.000	0.4%	≤20	
	200.8	02/04/2011:201793	CCV	ppb	120.0	106 %	90-110	
			CCB	ppb		-0.004	0.2	
			CCV	ppb	120.0	107 %	90-110	
Nickel	200.8	(CC 1180112-001)	CCB	ppb		-0.003	0.2	
			MS	ug/L	5.000	87.5 %	75-125	
			MSD	ug/L	5.000	87.8 %	75-125	
	200.8	02/04/2011:201793	MSRPD	ug/L	5.000	0.014	≤1	
			CCV	ppb	120.0	105 %	90-110	
			CCB	ppb		-0.02	1	
Selenium	200.8	(CC 1180112-001)	CCV	ppb	120.0	106 %	90-110	
			CCB	ppb		-0.002	1	
			CCV	ppb	120.0			
	200.8	02/04/2011:201793	CCB	ppb				
			MS	ug/L	5.000	131 %	75-125	435
			MSD	ug/L	5.000	111 %	75-125	
Silver	200.8	(CC 1180112-001)	MSRPD	ug/L	5.000	1.0	≤2	
			CCV	ppb	120.0	105 %	90-110	
			CCB	ppb		0.46	2	
	200.8	02/04/2011:201793	CCV	ppb	120.0	106 %	90-110	
			CCB	ppb		-0.12	2	
			CCV	ppb	120.0			
Thallium	200.8	(CC 1180112-001)	CCB	ppb		0.003	1	
			MS	ug/L	5.000	88.1 %	75-125	
			MSD	ug/L	5.000	87.8 %	75-125	
	200.8	02/04/2011:201793	MSRPD	ug/L	5.000	0.018	≤1	
			CCV	ppb	120.0	101 %	90-110	
			CCB	ppb		0.003	1	
Vanadium	200.8	(CC 1180112-001)	CCV	ppb	120.0	101 %	90-110	
			CCB	ppb		0.005	1	
			CCV	ppb	120.0			
	200.8	02/04/2011:201793	CCB	ppb				
			MS	ug/L	5.000	96.4 %	75-125	
			MSD	ug/L	5.000	96.5 %	75-125	
Mercury	245.1	02/17/2011:202422	MSRPD	ug/L	5.000	0.1%	≤20	
			CCV	ppb	120.0	108 %	90-110	
			CCB	ppb		0.007	0.2	
	7470	02/16/2011:201758	CCV	ppb	120.0	108 %	90-110	
			CCB	ppb		0.005	0.2	
			CCB	ppb				
Mercury	245.1	02/17/2011:202422	ICV	ppt	200.0	102 %	90-110	
			ICB	ppt		-1.7	20	
			CCV	ppt	200.0	100 %	90-110	
	7470	02/16/2011:201758	CCB	ppt		-2.0	20	
			Blank	ug/L		ND	<0.02	
			LCS	ug/L	0.1998	92.3 %	85-115	
Mercury	7470	(CC 1180198-001)	MS	ug/L	0.1998	0.7 %	75-125	435
			MSD	ug/L	0.1998	0.1 %	75-125	435
			MSRPD	ug/L	0.1998	0.0011	≤0.02	

Quality Control - Inorganic

Constituent	Method	Date/ID	Type	Units	Conc.	QC Data	DQO	Note
Wet Chem Color	2120B	(STK1131005-001)	Dup	units		0.0	5	
	2120B	02/03/2011:202389	CCB CCV	units units	10.00	0.00 100 %	5.0 90-110	
Turbidity	2130B	(STK1131005-001)	Dup	NTU		0.034	0.2	
	2130B	02/03/2011:202391	CCB	NTU		0.097	0.2	
			CCV	NTU	2.000	102 %	90-110	
			CCB CCV	NTU NTU	2.000	0.081 102 %	0.2 90-110	
Odor	2150B	(STK1131005-001)	Dup	TON		0.0	1	
Alkalinity (as CaCO ₃)	2320B	(CC 1180261-001)	Dup	mg/L		0.11	10	
	2320B	02/07/2011:201959	CCV	mg/L	234.9	101 %	90-110	
			CCV	mg/L	234.9	105 %	90-110	
Bicarbonate	2320B	(CC 1180261-001)	Dup	mg/L		0.24	10	
Carbonate	2320B	(CC 1180261-001)	Dup	mg/L		0.0	10	
Hydroxide	2320B	(CC 1180261-001)	Dup	mg/L		0.0	10	
Conductivity	2510B	02/07/2011:201903	ICB	umhos/cm		0.1	1	
			ICV	umhos/cm	995.0	99.5 %	95-105	
			CCV	umhos/cm	995.0	99.6 %	95-105	
E. C.	2510B	02/07/2011:201419	Blank	umhos/cm		ND	<1	
		(CC 1180259-001)	Dup	umhos/cm		0.0%	0.372	
Solids, Total Dissolved	2540 G	02/04/2011:201355	Blank	mg/L		ND	<20	
		(SP 1101155-001)	LCS	mg/L	995.0	98.9 %	90-110	
			Dup	mg/L		1.2%	10.0	
Chloride	300.0	02/03/2011:201329 (STK1130942-001)	LCS	mg/L	25.00	102 %	90-110	
			MS	mg/L	500.0	102 %	86-128	
			MSD	mg/L	500.0	102 %	86-128	
			MSRPD	mg/L	100.0	0.03%	≤23.0	
	300.0	02/04/2011:201795	CCB	ppm		0.07	1	
			CCV	ppm	25.00	97.9 %	90-110	
			CCB	ppm		0.13	1	
			CCV	ppm	25.00	102 %	90-110	
Fluoride	300.0	02/03/2011:201329 (STK1130942-001)	LCS	mg/L	2.500	100 %	90-110	
			MS	mg/L	50.00	98.8 %	81-126	
			MSD	mg/L	50.00	97.7 %	81-126	
			MSRPD	mg/L	100.0	1.1%	≤12.1	
	300.0	02/04/2011:201795	CCB	ppm		-0.043	0.1	
			CCV	ppm	2.500	96.5 %	90-110	
			CCB	ppm		-0.043	0.1	
			CCV	ppm	2.500	99.1 %	90-110	
Nitrate	300.0	02/03/2011:201329 (STK1130942-001)	LCS	mg/L	20.00	99.8 %	90-110	
			MS	mg/L	400.0	103 %	88-124	
			MSD	mg/L	400.0	102 %	88-124	
			MSRPD	mg/L	100.0	0.8%	≤29.1	
	300.0	02/04/2011:201795	CCB	ppm		0.038	0.4	
			CCV	ppm	20.00	96.6 %	90-110	
			CCB	ppm		0.147	0.4	
			CCV	ppm	20.00	101 %	90-110	
e	300.0	02/03/2011:201329 (STK1130942-001)	LCS	mg/L	15.00	99.7 %	90-110	
			MS	mg/L	300.0	100 %	91-121	
			MSD	mg/L	300.0	99.4 %	91-121	
			MSRPD	mg/L	100.0	0.6%	≤23.8	
	300.0	02/04/2011:201795	CCB	ppm		-0.244	0.3	
			CCV CCB	ppm ppm	15.00	98.3 % -0.271	90-110 0.3	

Quality Control - Inorganic

Constituent	Method	Date/ID	Type	Units	Conc.	QC Data	DQO	Note
Wet Chem								
Nitrite	300.0	02/04/2011:201795	CCV	ppm	15.00	101 %	90-110	
Sulfate	300.0	02/03/2011:201329 (STK1130942-001)	LCS	mg/L	50.00	102 %	90-110	
			MS	mg/L	1000	104 %	78-137	
			MSD	mg/L	1000	102 %	78-137	
			MSRPD	mg/L	100.0	1.5%	≤12.3	
	300.0	02/04/2011:201795	CCB	ppm		-0.49	2	
			CCV	ppm	50.00	98.7 %	90-110	
			CCB	ppm		0.80	2	
			CCV	ppm	50.00	105 %	90-110	
MBAS	5540C	(CC 1180267-001)	MS	mg/L	100.0	100 %	90-110	
			MSD	mg/L	100.0	100 %	90-110	
			MSRPD	mg/L	100.0	0.0	≤0.1	
	5540C	02/03/2011:201846	CCB	mg/L		0.000	0.1	
			CCV	mg/L	100.0	100 %	99-101	

Definition

ICV	: Initial Calibration Verification - Analyzed to verify the instrument calibration is within criteria.
ICB	: Initial Calibration Blank - Analyzed to verify the instrument baseline is within criteria.
CCV	: Continuing Calibration Verification - Analyzed to verify the instrument calibration is within criteria.
CCB	: Continuing Calibration Blank - Analyzed to verify the instrument baseline is within criteria.
Blank	: Method Blank - Prepared to verify that the preparation process is not contributing contamination to the samples.
	: Laboratory Control Standard/Sample - Prepared to verify that the preparation process is not affecting analyte recovery.
MS	: Matrix Spikes - A random sample is spiked with a known amount of analyte. The recoveries are an indication of how that sample matrix affects analyte recovery.
MSD	: Matrix Spike Duplicate of MS/MSD pair - A random sample duplicate is spiked with a known amount of analyte. The recoveries are an indication of how that sample matrix affects analyte recovery.
Dup	: Duplicate Sample - A random sample with each batch is prepared and analyzed in duplicate. The relative percent difference is an indication of precision for the preparation and analysis.
MSRPD	: MS/MSD Relative Percent Difference (RPD) - The MS relative percent difference is an indication of precision for the preparation and analysis.
ND	: Non-detect - Result was below the DQO listed for the analyte.
<1/4	: High Sample Background - Spike concentration was less than one fourth of the sample concentration.
DQO	: Data Quality Objective - This is the criteria against which the quality control data is compared.

Explanation

435	: Sample matrix may be affecting this analyte. Data was accepted based on the LCS or CCV recovery.
-----	--



ENVIRONMENTAL

www.fglinc.com

**CHAIN OF CUSTODY
AND ANALYSIS REQUEST DOCUMENT**

ORIGINAL

CLIENT DETAILS

SECTION I

Client: Ron Taylor Drilling Customer Number: 8-449
 Address: 8801 Mahoney
Santa Maria CA 93455
 Phone: 805-680-2138 FAX: 805-685-5535
 E-Mail: taylor.bernard@aol.com
 Project name: Vaquero Energy
 Contact person: Ron Taylor
 Billing Information (if different from above)
 Name: _____
 Address: _____
 Phone: _____ FAX: _____
 E-Mail: _____
 Contact person: _____
 Purchase order/contract/FGL quote number: _____
 Pre Log Required: yes _____ Frequency: Monthly ☐ Weekly ☐ Quarterly ☐

SAMPLING

SECTION II

Sampler(s): WJ Gordon
 Comp Sampler Set up Date: _____ Time: _____
 Time: 30 min Mileage: 20 miles
 Shipping Charge: _____ Pickup Charge: _____

REPORT INFORMATION

SECTION III

Rush Analysis (surcharge will apply):
☐ 5 Day ☐ 4 Day ☐ 3 Day
☐ 2 Day ☐ 24 hour
 Rush pre-approval by lab: _____
 Electronic Data Transfer: yes _____ no _____
 If yes, To: State _____
 Lab number: 11000

SAMPLE INFORMATION

SECTION IV

Sample Number	Location/Description	Date Sampled	Time Sampled	Type of Sampling: Composite(C) Grab(G)	Number of Containers	Type of Containers: (G) Glass (P) Plastic (V) VOA (MT) Metal Tube	(P) Potable (NP) Non-Potable	(SW) Surface Water (MW) Monitoring Well (GW) Ground Water (TB) Travel Blank (AgW) Ag Water (WW) Wastewater (DW) Drinking Water	(S) Soil (SLG) Sludge (SLD) Solid (O) Oil	BacT: (Sys) System (SRC) Source (W) Waste	BacT: Routine (ROUT) Repeat (RPT) Other (OTH) Replace (RPL)	(LT) Leaf Tissue (PET) Petiole Tissue (PRD) Produce	Preservative: (1) NaOH + ZnAc, (2) NaOH, (3) HCl, (4) H2SO4 (5) HNO3 (6) Na2S2O3, (7) Other	ANALYSES REQUESTED
026021205	Aradantz/Lease New well	02/02/12	05:45	Grab	1	Plastic	Non-Potable	Ground Water	Monitoring Well	System	Other	Leaf Tissue	NaOH + ZnAc	Gen. Min. Gen Phys., TOC
														pH 7.53 Metals
														EC 1033
														Temp 17.3°C
														Temp 8.3°C
														Call from Vaquero
														Energy requested run
														at E.P. Ram at CC FGL Lab
														WJ Gordon (PID 200)

REMARKS

SECTION V

Remarks: 17. Count from
Betta via 101 to
sample site 10 miles.
GP# 199

CUSTODY

Relinquished by and subject to the terms and conditions on the reverse of this document.

Received by: WJ Gordon Date: 02/02/12 Time: 17:00
 Relinquished by: WJ Gordon Date: 02/02/12 Time: 17:00
 Received by: WJ Gordon Date: 02/02/12 Time: 17:00
 Relinquished by: WJ Gordon Date: 02/02/12 Time: 17:00

SECTION VI

Received by: _____ Date: _____ Time: _____
 Relinquished by: _____ Date: _____ Time: _____
 Received by: _____ Date: _____ Time: _____
 Relinquished by: _____ Date: _____ Time: _____

CORPORATE OFFICE & LABORATORY
 833 Corporate Street
 Santa Paula, CA 93060
 Tel: (805) 392-5300
 Fax: (805) 352-4172

OFFICE & LABORATORY
 1500 Sycamore Road
 Section, CA 95215
 Tel: (209) 943-0182
 Fax: (209) 943-0423

OFFICE & LABORATORY
 563 E. Limbo Avenue
 Chico, CA 95926
 Tel: (530) 343-3818
 Fax: (530) 343-3807

FIELD OFFICE
 Visalia, California
 Tel: (559) 734-9473
 Mobile: (559) 7399
 Fax: (559)

Santa Paula - Condition Upon Receipt (Attach to COC)

Sample Receipt:

1. Number of ice chests/packages received: 1
Note as OTC if received over the counter unpackaged.
2. Were samples received in a chilled condition? Temps: 3 / 1 / 1 / 1 / 1
Acceptable is 2° to 6° C. Also acceptable is received on ice (ROI) for the same day of sampling or received at room temperature (RRT) if sampled within one hour of receipt. Client contact for temperature failures must be documented below. If many packages are received at one time check for tests/H.T.'s/rushes/Bacti's to prioritize further review. Please notify Microbiology personnel immediately of bacti samples received.
3. Do the number of bottles received agree with the COC? ☒ Yes No N/A
4. Were samples received intact? (i.e. no broken bottles, leaks etc.) ☒ Yes No
5. Were sample custody seals intact? ☒ N/A Yes No

Sign and date the COC, obtain LIMS sample numbers, select methods/tests and print labels.

Sample Verification, Labeling and Distribution:

1. Were all requested analyses understood and acceptable? ☒ Yes No
2. Did bottle labels correspond with the client's ID's? ☒ Yes No
3. Were all bottles requiring sample preservation properly preserved? ☒ Yes No N/A FGL
4. VOAs checked for Headspace? Yes No ☒ N/A
5. Were all analyses within holding times at time of receipt? ☒ Yes No
6. Have rush or project due dates been checked and accepted? ☒ N/A Yes No

Attach labels to the containers and include a copy of the COC for lab delivery.

Sample Receipt, Login and Verification completed by (initials): ll

Discrepancy Documentation:

Any items above which are "No" or do not meet specifications (i.e. temps) must be resolved.

1. Person Contacted: _____ Phone Number: _____
Initiated By: _____ Date: _____
Problem: _____
Resolution: _____

2. Person Contacted: _____ Phone Number: _____
Initiated By: _____ Date: _____
Problem: _____
Resolution: _____

(8-449)
Ron Taylor Drilling
CC 1180267
IV-02/03/2011-09:23:24

Ron Taylor Drilling

2801 Mahoney Road, Santa Maria, CA 93455

Contractor's License Number: C-57-523-858

(805) 680-2128 • (805) 925-0665

~~Proposal~~ submitted to: Vaquero Eng Phone: 1-661-332-5512 Date: 2-1-11

4049 Foxen Cyn Rd Santa Maria Calif (3454 APN # 129-020-54

Street Job Name Ardantz & Vaquero Eng

TIME	ELAPSED TIME	WATER LEVEL Pumping	DISCHARGE RATE	COMMENTS
	0	304	200	Static 304
6:30 Am	17:30	330 Ft	200 gpm	304
7:30 Am	2 8:30	330 Ft	200 gpm	
8:30	3 9:30	330 Ft	200 gpm	
9:30 Am	4 10:30	330 Ft	200 gpm	
10:30	5 11:30	330 Ft	200 gpm	
11:30 Am	6 12:30	330 Ft	200 gpm	
12:30	8 1:30	330 Ft	200 Ft	
1:30	10 2:30	330 Ft	200 gpm	
2:30	12 3:30	330 Ft	200 gpm	
3:30	15 4:30	330 Ft	200 gpm	
4:30	20 5:30	330 Ft	200 gpm	
5:30	25 6:30	330 Ft	200 gpm	
	30			
	40			
	50			
	60			
	75			
	90			
	105			
	120			
	150			
	180			
	240			Recovery Time 1:00

Ron Taylor - 2-1-11

MAY 9 2011



Environmental Health Services

225 Camino Del Remedio, Santa Barbara, CA. 93110 ♦ (805) 881-4900
2125 S. Centerpointe Pkwy., #333 • Santa Maria, CA 93455-1340 ♦ (805) 346-8460

WATER WELL PERMIT APPLICATION

SR0107629

TYPE OF PERMIT (Please check the appropriate box below)

<input checked="" type="checkbox"/> Construction or Modification	\$740 (3 hrs.) * [4669]	"Modification" means the deepening of a well, reperforation, sealing or replacement of well casing - construction of one completed well
<input type="checkbox"/> Well Inactivation	\$615 (2.5 hrs.) * [4667]	Not used for a period of one year
<input type="checkbox"/> Well Destruction	\$495 (2 hrs.) * [4668]	Abandonment - Complete filling of the well

FOR OFFICE USE ONLY

Rec'd Date: 1/6/11

Rec'd By: Steniente

SR # 0107629

District # 208

* An hourly rate fee of \$136 will be added for those projects that require staff time in excess of that noted above. Final project approval will not be issued until all fees are paid.

Required Attachments: Plot plan indicating the location of the well with respect to the following items:

1. Property lines
2. Drainage pattern of the property
3. Access roads and easements (water, sewer, utility, roadway)
4. Existing and/or proposed structures.
5. Existing wells within a one hundred foot radius of the proposed well
6. Animal or fowl enclosure, pens, paddocks, stockyards within a one hundred foot radius of proposed well site
7. Sewage disposal systems or works carrying or containing sewage or industrial wastes within a two hundred foot radius of the proposed well
8. All perennial, seasonal, natural, or artificial water bodies or watercourses, including location of one hundred year floodplain, if applicable

APPLICANT: ☐ Property Owner ☒ Licensed Well Drilling Contractor ☐ Owner's Agent (Authorized in writing)

Property Owner

Mailing Address:

City/Zip Code

(If applicant is other than Property Owner):

Applicant's Name: RON TAYLOR DRILLING Telephone No. () 680 - 2128

Applicant's Address: 2801 MAHONEY RD SANTA MARIA CA 93455

Site Location: 4049 FOXEN CYN SANTA MARIA CA

Assessor's Parcel Number 129-100-017 Start: 1/11/11 Finish: 1/1/11

Well Use: ☐ Domestic Water ☒ Agriculture Water ☐ Cathodic ☐ Test ☐ OtherDrilling Method: ☒ Rotary ☐ Cable ☐ OtherOther Water Sources: ☐ Public ☐ Private ☒ None

Proposed Depth 650 ft.

Well Bore Diam. 17 1/2 in.

Sealing Material (Check)

☐ Neat Cement ☐ Clay☐ Cement Grout ☒ Concrete

Casing Information

Type: ☐ Steel ☐ PVC ☒ Other

Wall / Gage SDR 21 in. Diameter 8 in. Annular Seal Depth 50 ft.

Additional Work Description

Note: A 50 ft. annular seal is required for wells serving multiple connections.

QUADRUPLICATE
For Local Requirements

Page 1 of 1

Owner's Well No. 1082582

Date Work Began 1-14-11, Ended 2-1-11

Local Permit Agency Santa Barbara

Permit No. 0107629

Permit Date 1-25-11

STATE OF CALIFORNIA
WELL COMPLETION REPORT

Refer to Instruction Pamphlet

No. **1082582**

DWR USE ONLY - DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE

LONGITUDE

APN/TRS/OTHER

GEOLOGIC LOG

ORIENTATION ()		VERTICAL	HORIZONTAL	ANGLE	(SPECIFY)
DEPTH FROM SURFACE		DRILLING METHOD		FLUID	
Ft.	to Ft.	DESCRIPTION			
Describe material, grain size, color, etc.					
0	20	Sandy clay			
20	30	sand			
30	50	Sandy clay			
50	715	hard coarse sand & gravel			
715	720	brown clay			
720	735	sand & gravel			
735	745	brown clay			
745	755	sand & gravel			
755	760	brown clay			
760	400	brown sand & clay			
400	415	brown clay			
415	425	sand & clay			
425	430	brown clay			
430	435	sand & gravel			
435	460	brown clay			
460	505	sand & gravel			
505	520	clay			
520	560	sand & gravel			
560	575	hard sandy clay			
575	640	sand & gravel			
640	665	sandy clay			

RECEIVED

MAR 04 REC'D

ENVIRONMENTAL HEALTH SERVICES

TOTAL DEPTH OF BORING 665 (Feet)

TOTAL DEPTH OF COMPLETED WELL 665 (Feet)

WELL OWNER

Name Henry Rodante & Associates Inc
Mailing Address 5040 Santa Barbara Ave Ste 540
CITY Santa Barbara STATE CA ZIP 93109
Address 4040 Santa Barbara Ave
City Santa Barbara STATE CA ZIP 93109
County Santa Barbara
APN Book 129 Page 000 Parcel 54
Township 12N Range 00E Section 04
Lat 34° 45' N Long 120° 00' W

WELL LOCATION

WRONG APN

SHOWN ON WCR

SHOULD BE

129-100-017

6/13/17

CH

Illustrate or
Fences, Rivers, etc. and attach a map. Use additional paper if
necessary. **PLEASE BE ACCURATE & COMPLETE.**

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER 305 (Ft) BELOW SURFACE

DEPTH OF STATIC

WATER LEVEL 305 (Ft) & DATE MEASURED 1-25-11

ESTIMATED YIELD 300 (GPM) & TEST TYPE 1

TEST LENGTH 12 (Hrs) TOTAL DRAWDOWN 28 (Ft)

* May not be representative of a well's long-term yield.

DEPTH FROM SURFACE		BORE-HOLE DIA. (Inches)	CASING (S)				ANNULAR MATERIAL					
Ft.	to Ft.		TYPE ()	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	TYPE	CEMENT ()	BENTONITE ()	FILL ()	FILTER PACK (TYPE/SIZE)
0	400	17	X									
400	640	17	X									
640	650	17	X									

ATTACHMENTS ()

- Geologic Log
- Well Construction Diagram
- Geophysical Log(s)
- Soil/Water Chemical Analyses
- Other

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME Mah y B
(PERSON, FIRM OR CORPORATION) (TYPED OR PRINTED)

ADDRESS 4040 Santa Barbara Ave Ste 540 CITY Santa Barbara STATE CA ZIP 93109

Signed Mah y B
C-57 LICENSED WATER WELL CONTRACTOR

DATE SIGNED 6/13/17 C-57 LICENSE NUMBER 12345

QUADRUPLICATE
For Local Requirements

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet

Page 1 of 1

Owner's Well No. 1082582

Date Work Began 1-14-11, Ended 2-1-11

Local Permit Agency Santa Barbara Co

Permit No. 010753

Permit Date 1-14-11

DWR USE ONLY — DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE LONGITUDE

APN/TRS/OTHER

GEOLOGIC LOG

ORIENTATION ()			VERTICAL	HORIZONTAL	ANGLE	(SPECIFY)
DEPTH FROM SURFACE			DRILLING METHOD			
FL	to	FL	FLUID			
			DESCRIPTION			
			Describe material, grain size, color, etc.			
0	30		sandy clay			
30	65		sand			
65	90		sandy clay			
90	315		hard coarse sand & gravel			
315	320		brown clay			
320	335		sand & gravel			
335	345		brown clay			
345	355		sand & gravel			
355	360		brown clay			
360	400		brown sand & clay			
400	415		brown clay			
415	425		sand & clay			
425	430		brown clay			
430	450		sand & gravel			
450	460		brown clay			
460	505		sand & gravel			
505	520		clay			
520	560		sand & gravel			
560	575		hard sandy clay			
575	640		sand & gravel			
640	665		sandy & clay			

RECEIVED

MAR 04 REC'D

ENVIRONMENTAL HEALTH SERVICES

TOTAL DEPTH OF BORING 665 (Feet)

TOTAL DEPTH OF COMPLETED WELL 665 (Feet)

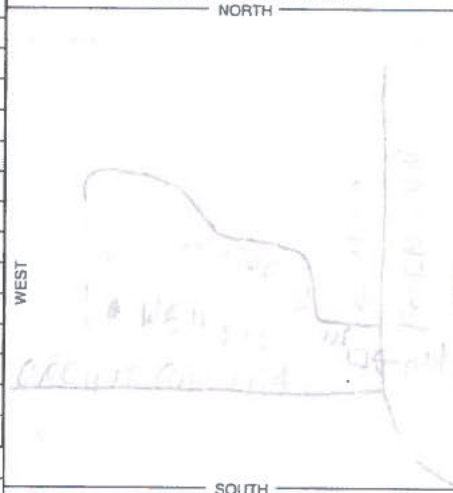
WELL OWNER

Name Moni Armenta & Mariano Esq
Mailing Address 5040 Calle Arto 540
CITY San Juan Capistrano 92675 STATE CA ZIP 92675

WELL LOCATION

Address 4010 Barton Cyn
City San Juan Capistrano 92675
County Santa Barbara
APN Book 120 Page 020 Parcel 54
Township Range Section Section
Lat DEG MIN SEC N Long DEG MIN SEC W

LOCATION SKETCH



ACTIVITY ()

☐ NEW WELL
☐ MODIFICATION/REPAIR
 ☐ Deepen
 ☐ Other (Specify) _____
☐ DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")
USES ()
WATER SUPPLY
 ☐ Domestic ☐ Public
 ☐ Irrigation ☐ Industrial
MONITORING ☐
TEST WELL ☐
CATHODIC PROTECTION ☐
HEAT EXCHANGE ☐
DIRECT PUSH ☐
INJECTION ☐
VAPOR EXTRACTION ☐
SPARGING ☐
REMEDIATION ☐
OTHER (SPECIFY) _____

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER _____ (Ft.) BELOW SURFACE

DEPTH OF STATIC

WATER LEVEL _____ (Ft.) & DATE MEASURED 1-26-11

ESTIMATED YIELD 200 (GPM) & TEST TYPE 1-26-11

TEST LENGTH 10 (Hrs) TOTAL DRAWDOWN _____ (Ft.)

* May not be representative of a well's long-term yield.

DEPTH FROM SURFACE			BORE-HOLE DIA. (Inches)	CASING (S)					DEPTH FROM SURFACE	ANNULAR MATERIAL			
FL	to	FL		TYPE (K)	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)		CE-MENT ()	BEN-TONITE ()	FILL ()	FILTER PACK (TYPE/SIZE)
0	400		4.7	Y	1300	0	0.002-0.01		0	Y			
400	640		4.7	Y	1300	0	0.002-0.01	0.40	0				
640	660		4.7	Y	1300	0	0.002-0.01						

ATTACHMENTS ()

- ☐ Geologic Log
- ☐ Well Construction Diagram
- ☐ Geophysical Log(s)
- ☐ Soil/Water Chemical Analyses
- ☐ Other _____

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME _____
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Signed _____ DATE SIGNED _____ C-57 LICENSE NUMBER _____



March 23, 2011

(b) (6)

Subject: **Completion Report for Water Well Permit #SR0107629**
(Assessor's Parcel Number: 129-100-017, 4049 Foxen Cyn Rd., Santa Maria, CA)

This Department has reviewed the construction of the subject water well as related to the location of the well and the placement of the annular seal in the upper portion of the bore around the well casing. This work has been completed in conformity with the requirements of the Water Well Standards of the State Department of Water Resources, as adopted by the Santa Barbara County.

If water from this well is intended to be utilized for domestic or drinking purposes it will first be necessary to obtain a Water System Permit from this Department. The permit is required for any water system that will provide water to a dwelling unit or to any structure utilized for commercial or manufacturing purposes, which requires potable water for human consumption or use.

Please contact the undersigned if you have any questions or if you need a Water System Permit Application. I can be reached at 805 / 346-8465.

Sincerely,

Louise A. Harding, R. E. H. S.
Environmental Health Specialist

cc: Assessor's Office

**ENVIRONMENTAL HEALTH SERVICES DIVISION
WELL PERMIT FIELD INVESTIGATION RECORD**

Well Permit Application Received: Date: 1-7-2011 Well Permit Number: SR 107629
Owner: Henri Arpatz APN: 091001017
Site Investigation by: NAH Date: 1-7-2011
Findings: (Check Applicable Boxes and Give Clearance)
☒ Overhead Powerlines _____
☒ Sewer Lines _____ (> 50 feet)
☒ Leachfield/Septic Tank _____ (> 100 feet)
☒ Cesspool/Drywell _____ (> 150 feet)
☒ Animal Enclosures _____ (100 Feet)
☒ Creek/Watercourse _____ (100 yr Floodplain)
☐ Petroleum Tank/Pipeline ? _____ (50 feet)
☐ Other _____
Comments: approved out in a open field

Construction Inspection Record:

Date: 1-24-2011 Driller: Turgeon ☐ Destruction: NA
Registered Professional: _____ Casing Depth Below Grade: _____
Depth of Seal: _____
Casing Information:
Diameter: 8" ☐ Gage: _____
☐ Steel ☐ Standard linepipe ☐ Structural Steel
☐ ABS ☒ PVC ☐ Standard 14 NSF
☐ Other: _____
Borehole:
Total Depth of Well: 660
Annular Seal: 50'
(20' Ag & SPWS; 50' > 5 conn. & commercial)
Well Bore Diameter: 17"
Sealing Material: 6 Sack Slurry
(6 Sack concrete, neat cement, sand-cement, Bentonite, thermoset plastic concrete)

Casing Schedule: 440 TYPE NA **Conductor Casing:** NA
0 ft. - 200 = 240
440 - 500 = 640
640 - 810 = 660
640 - 810 = 660
Borehole: _____
Sealing Material: _____
Conductor Casing: _____
Depth: _____ Diameter: _____
Capped: _____

Amount: _____
Method of Pour: ☐ Gravity or ☐ Pumper
Use of Tremie Pipe: ☒ Yes ☐ N/A
Required if wet or > 30 ft deep 21

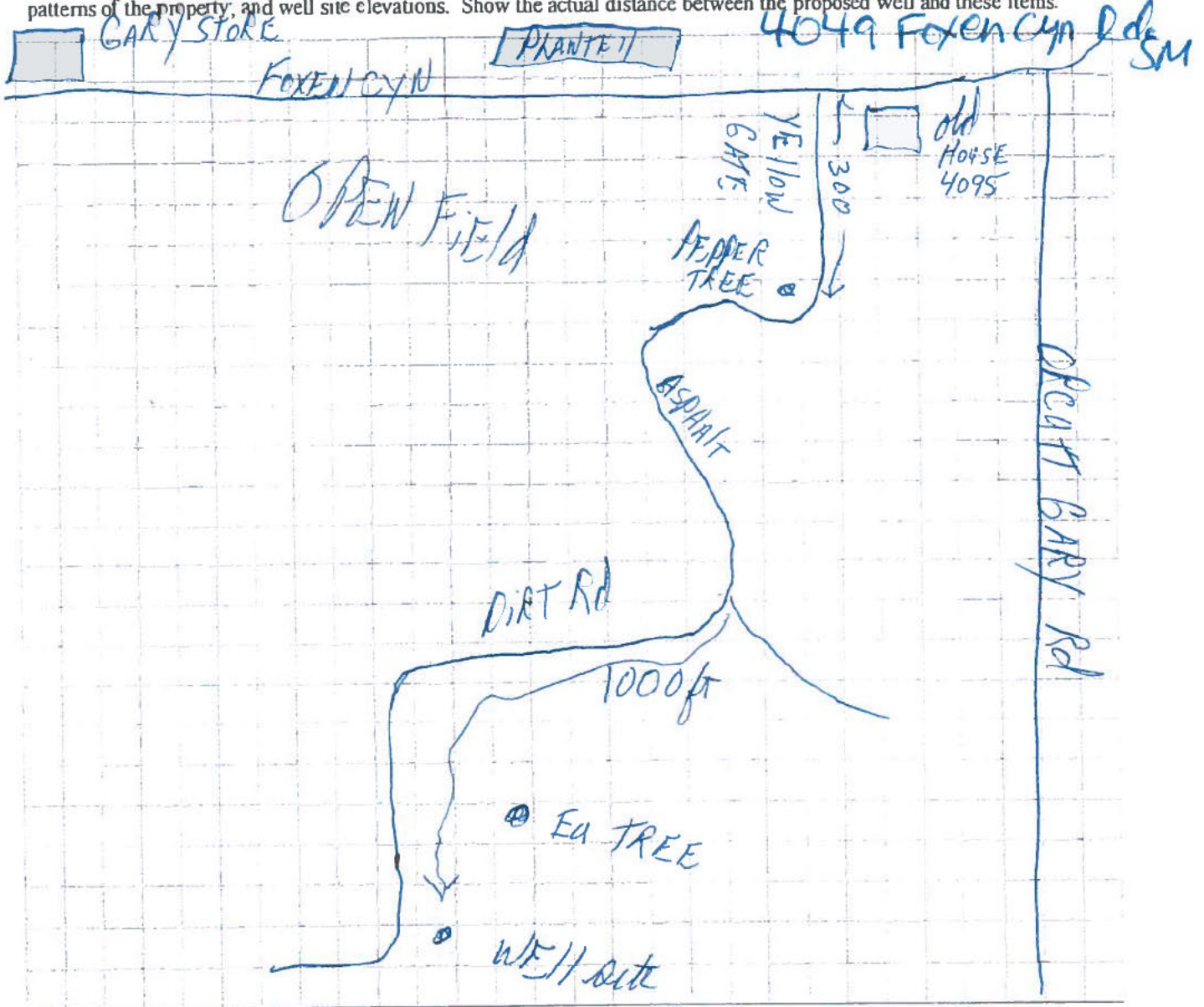
Well Permit Application Plot Plan

(Scale 1/4" Block = 20 ft.)

Permit #: SR0107629
APN: 129-100-017

owner Henri Ardatz

Indicate below the exact location of the proposed well with respect to the following items within 200 ft. of the proposed well: property lines, access roads and easements; existing/proposed structures (surface and subsurface); existing wells; existing/proposed industrial, hazardous, solid waste systems, works or tanks; petroleum product system works or tanks; animal enclosures and/or animal waste storage areas; agricultural operations; watercourses, 100-yr. flood plain and drainage patterns of the property, and well site elevations. Show the actual distance between the proposed well and these items.



Dept. Use Only: Site Reviewed By: _____

Date: _____

- ☒ Sewer (Sanitary, Storm or Bldg.) - 50 ft.
- ☐ Septic Tanks and / or Leachlines - 100 ft.
(include 100% expansion area)
- ☒ Seepage Pit / Drywell - 150 ft.
(include 100% expansion area)

- ☒ Water Bodies / Courses - 50 ft.
- ☒ Underground Petroleum Product Storage Tanks - 100 ft. ?
- ☐ Other: _____

**QUADRUPLICATE
For Local Requirements**

Page 1 of 2

Owner's Well No. 2

Date Work Began 3/13/00 Ended 4/04/00

Local Permit Agency SB County Environmental Health

Permit No. 101467 Permit Date 3/09/00

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet

No. **538842**

DWR USE ONLY - DO NOT FILL IN

STATE WELL NO / STATION NO

LATITUDE LONGITUDE

APN / TRS / OTHER

GEOLOGIC LOG

DEPTH FROM SURFACE			DESCRIPTION
Ft.	to	Ft.	
0	38		Top Soil, Brown Sand
38	129		Brown Clay
129	142		Coarse Sand,
142	191		Red Gravel, Coarse Sand, Brown Sand
191	245		Brown Clay, Medium Gravel, Brown Sand
245	278		Medium Gravel, Coarse Sand, Brown Sand, Some Small Streaks
278	344		Brown Clay
344	431		Clay and Gravel
431	461		Gravel and Clay, Gravel and Sand, Shale, Gravel
461	578		Small Gravel, Coarse Sand Mix, Some Brown Clay
578	667		Brown Clay Mixed, Coarse Sand Small Gravel, Brown Sand
667	709		Small Gravel, Coarse Sand with Streaks of Brown Clay, Brown Sand
709	722		Small Gravel, Coarse Sand, with Streaks of Brown Clay
722	749		Brown Clay, Brown Sand
749	830		Small Gravel, Coarse Sand, Brown Sand, Paso Robles
830	845		Small Gravel, Coarse Small Brown Sand, Paso Robles
845	860		Paso Robles - Brown Sand
860	940		Paso Robles - Gray Clay
...continued			

TOTAL DEPTH OF BORING 1142 (Feet)

TOTAL DEPTH OF COMPLETED WELL 1090 (Feet)

WELL OWNER

Name Hondavi Winery
Mailing Address P.O. Box 6565
City Santa Maria CA 93456 ZIP
WELL LOCATION
Address 3085 Orcutt-Garay Rd.
City Santa Maria
County Santa Barbara
APN Book 129-100-32
Township Range Section 129-100-32
Latitude 34° 53' 18" NORTH Longitude 120° 10' 70" WEST

LOCATION SKETCH



ACTIVITY ()

- ☒ NEW WELL
- MODIFICATION / REPAIR
 - Deepen
 - Other (Specify)
- DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")
- PLANNED USE(S) ()
 - MONITORING
- WATER SUPPLY
 - ☒ Domestic
 - Public
 - ☒ Irrigation
 - Industrial
 - "TEST WELL"
 - CATHODIC PROTECTION
 - OTHER (Specify)

DRILLING METHOD Mud Rotary FLUID Bentonite
WATER LEVEL & YIELD OF COMPLETED WELL
DEPTH OF STATIC WATER LEVEL (Ft.) & DATE MEASURED
ESTIMATED YIELD* (GPM) & TEST TYPE
TEST LENGTH (Hrs.) TOTAL DRAWDOWN (Ft.)
* May not be representative of a well's long-term yield.

DEPTH FROM SURFACE			BORE-HOLE DIA. (Inches)	CASING(S)					DEPTH FROM SURFACE			ANNULAR MATERIAL					
				TYPE (✓)				MATERIAL / GRADE				INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	TYPE		
Ft.	to	Ft.	BLANK	SCREEN	CONDUIT	FILL PIPE									Ft.	to	Ft.
0	330	28	x				Steel	16	.312		0	96	x				10-Sack Cement
330	370	28	x				Steel	16	Wirewrap .055								
370	400	28	x				Steel	16	.312								
400	580	28	x				Steel	16	Wirewrap .055								
580	610	28	x				Steel	16	.312								
610	710	28	x				Steel	16	Wirewrap .055								

ATTACHMENTS ()

- Geologic Log
- Well Construction Diagram
- ☒ Geophysical Log(s)
- Soil Water Chemical Analyses
- Other

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief

NAME Floyd V. Wells, Inc
(PERSON, FIRM, OR CORPORATION (TYPED OR PRINTED))

ADDRESS 1337 W. Betteravia d. Santa Maria CA 93455

Signed [Signature] DATE SIGNED 3/14/00 C57-229570
WELL DRILLER / AUTHORIZED REPRESENTATIVE C57 LICENSE NUMBER

QUADRUPLICATE
For Local Requirements

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet

Page 2 of 2

Owner's Well No. 2

No. **538843**

Date Work Began 3/13/00 Ended 4/04/00

Local Permit Agency SB County Environmental Health

Permit No. 101467 Permit Date 3/09/00

DWR USE ONLY - DO NOT FILL IN

STATE WELL NO / STATION NO

LATITUDE LONGITUDE

APN TRS / OTHER

GEOLOGIC LOG

ORIENTATION (°) — VERTICAL — HORIZONTAL — ANGLE — (SPECIFY)			DEPTH TO FIRST WATER (Ft.) BELOW SURFACE	DESCRIPTION
DEPTH FROM SURFACE				
Ft.	to	Ft.		Describe material, grain size, color, etc.
940	965			Small Gravel, Brown Sand
965	1000			Small Gravel, Brown Clay
				Brown Coarse Sand
1000	1065			Small Gravel, Some Brown Clay, Some Sand
1065	1091			Small White and Gray Gravel, Coarse Brown Sand
1091	1125			Green and Gray Clay
1125	1140			Brown/White Clay, Small Gravel, Some Brown Sand
1140	1142			Careaga Green Gravel, Some Sand

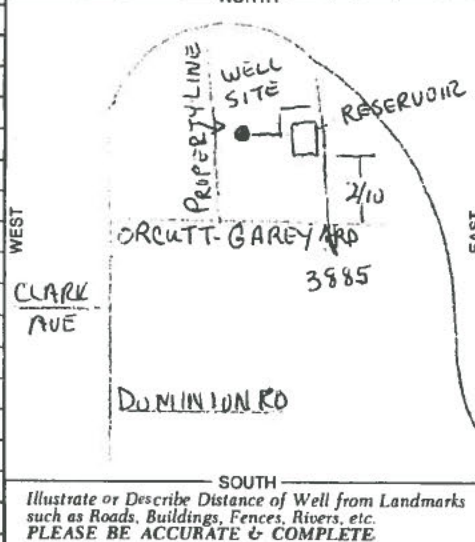
WELL OWNER

Name Mondavi Winery
Mailing Address P.O. Box 6565
Santa Maria CA 93455
CITY STATE ZIP

WELL LOCATION

Address 3885 Orcutt-Garay Rd
City Santa Maria
County Santa Barbara
APN Book _____ Page _____ Parcel 122-100-32
Township _____ Range _____ Section _____
Latitude 34 53 18 NORTH Longitude 120 19 78 WEST
DEG MIN SEC DEG MIN SEC

LOCATION SKETCH



ACTIVITY (✓)

☒ NEW WELL
MODIFICATION/REPAIR
— Deepen
— Other (Specify) _____
— DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")
— PLANNED USE(S) (✓)
— MONITORING
WATER SUPPLY
☒ Domestic
— Public
☒ Irrigation
— Industrial
— "TEST WELL"
— CATHODIC PROTECTION
— OTHER (Specify) _____

TOTAL DEPTH OF BORING 1142 (Feet)
TOTAL DEPTH OF COMPLETED WELL 1090 (Feet)

DRILLING METHOD Mud Rotary FLUID Bentonite
WATER LEVEL & YIELD OF COMPLETED WELL
DEPTH OF STATIC WATER LEVEL _____ (Ft.) & DATE MEASURED _____
ESTIMATED YIELD* _____ (GPM) & TEST TYPE _____
TEST LENGTH _____ (Hrs.) TOTAL DRAWDOWN _____ (Ft.)
* May not be representative of a well's long-term yield

DEPTH FROM SURFACE		BORE-HOLE DIA. (Inches)	CASING(S)					DEPTH FROM SURFACE		ANNULAR MATERIAL			
Ft.	to		TYPE (✓)		MATERIAL/ GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	Ft.	to	Ft.	TYPE	
			BLANK	SCREEN								CE- MENT (✓)	FILL (✓)
710	750	28	x		Steel	16	.312		0	96		x	
750	850	28		x	Steel	16	Wirewrap	.055					
850	880	28	x		Steel	16	.312						
880	1070	28		x	Steel	16	Wirewrap	.055					
1070	1090	28	x		Steel	16	.312						

ATTACHMENTS (✓)

- Geologic Log
- Well Construction Diagram
- ☒ Geophysical Log(s)
- Soil/Water Chemical Analyses
- Other _____

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME Floyd V. Wells, Inc.
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

1337 W. Betteravia Rd. Santa Maria, CA 93455

ADDRESS CITY STATE ZIP

Signed _____ DATE SIGNED _____
WELL DRILLER/AUTHORIZED REPRESENTATIVE C57-229570
C57 LICENSE NUMBER

PUBLIC Health
DEPARTMENT

Environmental Health Services

2125 S. Centerpointe Pkwy., #333 • Santa Maria, CA 93455-1340
805/346-8460 • FAX 805/346-8485
www.sbcphd.org/ehs

March 22, 2000

Mesa Vineyard
(Mondavi Winery)
2570 Prell Rd.
Santa Maria, CA 93455

To Whom It May Concern:

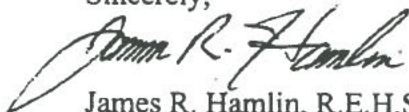
Subject: **Completion Report for Water Well-Permit #0101467**
(Assessor's Parcel Number 129-100-032, Orcutt-Garey Rd.)

This Department has reviewed the construction of the subject water well as related to the approval of the location of the well and the placement of the annular seal in the upper portion of the bore around the well casing. This work has been completed in conformity with the requirements of the Water Well Standards of the State Department of Water Resources, as adopted by the Santa Barbara County Water Well Ordinance.

If water from this well is intended to be utilized for domestic or drinking purposes, it will first be necessary to obtain a Water System Permit from this Department. The permit is required for any water system that will provide water to a dwelling unit or to any structure utilized for commercial or manufacturing purposes which requires potable water for human consumption or use.

Please contact the undersigned at the office indicated on this letterhead if you have any questions or if you need a Water Permit Application and a copy of the instructions for completing the form and for providing the necessary specifications on the system.

Sincerely,



James R. Hamlin, R.E.H.S.
Senior Environmental Health Specialist

JRH:jrt
WELLTR.0101467

PC: Assessor's Office



County of Ventura
WELL PERMIT APPLICATION
800 South Victoria Avenue, Ventura CA 93009

Page 2 of 2 Pages
Permit No. **101467**

LOCATION

INDICATE BELOW THE EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS. INCLUDE DIMENSIONS. LIST ASSESSOR'S PARCEL NUMBER AND THOMAS BROS. GUIDE NUMBER.

The diagram is a hand-drawn site map enclosed in a rectangular border. It shows a property with a curved boundary on the right and top. A vertical line on the left is labeled 'CLARK AV' and 'TO HWY 101'. A horizontal line across the middle is labeled 'ORCUTT-CAREY Rd'. Below this road is another horizontal line labeled 'DOMINION Rd'. A 'Property line' is indicated by a vertical line. A 'WELL SITE' is marked with a dot and labeled '30' FROM PROPERTY LINE'. To the right of the well site is a square labeled 'Reservoir'. Dimensions '2/10' are marked between the well site and the reservoir. A vertical line with an arrow pointing up is labeled '3885'. A north arrow is on the right side. At the bottom left, the address 'Mesa Vineyard 2570-Prall Rd Santa Maria, Ca. 93455' is written. Below the address is the 'Assessor's Parcel Number 129-0-100-32'. To the right of the parcel number is 'Thomas Bros. Guide 817'. At the bottom, there are three dashed lines for 'STATE WELL NUMBER', 'QUAD NUMBER', and 'PERMIT NUMBER'. The text 'FOR OFFICE USE' is centered below these lines.

Mesa Vineyard
2570-Prall Rd
Santa Maria, Ca. 93455
Assessor's Parcel Number 129-0-100-32 Thomas Bros. Guide 817

FOR OFFICE USE

STATE WELL NUMBER _____ QUAD NUMBER _____ PERMIT NUMBER _____

ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH CARE SERVICES
WELL PERMIT FIELD INVESTIGATION RECORD

Well Permit Application Received: Date 3 110 100

Site Investigation By J. Hamlin Date 3 110 100

Findings: (Check applicable boxes and give clearance)

- | | |
|---|---|
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> Animal Enclosure |
| <input type="checkbox"/> Sewer Lines | <input type="checkbox"/> Creek or Watercourse |
| <input type="checkbox"/> Leach Field | <input type="checkbox"/> Petroleum Tank or Pipeline |
| <input type="checkbox"/> Cesspool/Drywell | <input type="checkbox"/> Other |

NO PROBLEMS NOTED WITH REGARD TO SET-BACK
REQUIREMENTS.

Application Reviewed and Approved: By J. Hamlin Date 3 110 100

Work Investigation Record

Date 3 121 00

Well Site #: 1

Casing Information

Type: Steel ☐ PVC ☐ Other ☐

Borehole
CONDUCTOR PIPE 30"

Total Depth of Well: _____

Class/Gage/NSF: _____

Annular Seal Depth: 9.3'

CONDUCTOR BORE: 38"

ASTM#: _____

Well Bore Diameter: _____

Diameter: _____ Total Depth: _____

Sealing Material: CEMENT

Casing Schedule SEE WELL
DRILLERS REPORT

Amount: 15 YARDS

Method of Pour: PUMP

Use of Tremie: YES

Driller(s): FLOYD V. WELLS

Comments: _____

Final Inspection and Approval/Denial: By J. Hamlin Date 3 121 00

Notice of Work Acceptance/Rejection Sent to Well owner On 3 127 00

492 083 2605
DUPLICATE
Retain this copy

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

CC076
Do Not Fill In
No 105180
State Well No. _____
Other Well No. _____

34.681133 -170-349991
(1) OWNER:

Name **Texaco, Inc**
Address **Rt 1, Box 215**
Santa Maria, Ca 93454

(11) WELL LOG:

Total depth _____ ft. Depth of completed well _____ ft.
Formation: Describe by color, character, size of material, and structure _____ ft. to _____ ft.
SEE ATTACHED LOG

(2) LOCATION OF WELL:

County **Santa Barbara** Owner's number, if any _____
Township, Range, and Section **19N, R33W, Section 2**
Distance from cities, roads, railroads, etc. **100 yds N of Orcutt-Gary Rd,**
30 ft West of rd in front of main office

(3) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Destroying ☐
If destruction, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☒
Cable ☐
Other ☐

(6) CASING INSTALLED:

STEEL: ☒ OTHER: _____
SINGLE ☒ DOUBLE ☐

If gravel packed

From ft.	To ft.	Diam. in.	Gage or Wall in.	Diameter of Bore in.	From ft.	To ft.
0	600	8 5/8	.250	18 1/2	51	600

Size of shoe or well ring:

Size of gravel: **30% 3/8**
70% 1/4 x 1/2

Describe joint

butt

(7) PERFORATIONS OR SCREEN:

Type of perforation or name of screen **vertical slot**

From ft.	To ft.	Perf. per row	Rows per ft.	Size in. x in.
400	420		24	.060 x 2 1/2
550	600			

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes ☒ No ☐ To what depth **51** ft.

Were any strata sealed against pollution? Yes ☐ No ☐ If yes, note depth of strata

From _____ ft. to _____ ft.

From _____ ft. to _____ ft.

Method of sealing

Work started **1/17** 19 **77**, Completed **1/28** 19 **77**

(9) WATER LEVELS:

Depth at which water was first found, if known _____ ft.

Standing level before perforating, if known _____ ft.

Standing level after perforating and developing _____ ft.

(10) WELL TESTS:

Was pump test made? Yes ☐ No ☐ If yes, by whom?

Flow: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☐

Was electric log made of well? Yes ☐ No ☐ If yes, attach copy

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME **Floyd V. Wells, Inc**

(Person, firm, or corporation) (Typed or printed)

Address **P. O. Box 1007**
Santa Maria, Ca 93454

[SIGNED]

(Well Driller)

License No. **C57-229570** Dated **February 2** 19 **77**

SKETCH LOCATION OF WELL ON REVERSE SIDE

SANTA MARIA, CALIFORNIA

LOYD V. WELLS, INC.

GOLETA, CALIFORNIA

WATER WELL DRILLING LOG

Dr:	Texaco, Inc	Company:	
Well No:	#2	Rig:	#7
Location of Well: 100 yds N of Orcutt-Gary Rd and 30 ft West of rd in front of main office T9N, R33W, Section 2			
Surface Pipe or Seal:	51' pipe cemented in	Size:	20" OD
		Depth:	51'
		Gauge:	.250
Well Bore Diameter:	18½"	Depth of Casing Set:	600'
Casing Size:	8 5/8"	Gauge:	.250
		Type:	steel
Perforations:	Size: .060 x 2¼	Type:	vertical slot
		Number:	24 rows
Perforation Location from Ground Level:		From:	0
		To:	400 blank
			400
			420 perf
			420
			550 blank
			550
			600 perf
			Bullnose bottom
Level Pack:	Type: Dumped	Size:	30% 3/8; 70% 1/4 x 1/8
		Quantity:	51.63 ton
	No. Used: 8	Size:	3-9 7/8; 2-18½; 1-12¼; 1-28; 1-20
Drilling Method:	Air:	Foam:	Mud: X
Material Used:	Gel: 35 sks	P-95:	5 sks
		Foam:	
Well Started:	1/17/77	Well Completed:	1/28/77
		Driller:	D. Pittman

TEST PUMPING INFORMATION:

Production Test:	
Standing Water Level:	Pumping Level:
G.P.M.:	Pumping Level

REMARKS:

GOLETA, CALIFORNIA

FLOYD V. WELLS, INC. DRAWDOWN TEST

P.O. BOX 1007

TEXAS

FEB 3, 1973

1387 W. BELLEVUE RD.
SANTA MARIA, CALIF. 93454

OFFICE WELL

WELL DEPTH 600'
8" CASING

DRAWDOWN IN FEET

TEST POINTS
360 GPM AT 325'
500 GPM AT 380'
255 GPM AT 315'
200 GPM AT 305'
150 GPM AT 305'

0 50 100 150 200 250 300 350

GRAPHICAL IN DATA

PROVED BY 3/1/73

Wayne Cooper Ag Services
(805) 466-6030
Pump Test Report

v.4.0 09/17/06

Customer and Facility Data

Pump/Location:	Orcutt Garey Rd. Submersible pump/	HP:	3	Utility:	PG & E
GPS Coord.:	Long -120.1922	Lat	34.5287	Pump Make:	Franklin
Motor Make:	Franklin	Type	Submersible	Meter Number:	6M4656
Customer Addr:	Rock Energy LLC	Serial Number:		Voltage:	0
	5060 California Ave., Suite #640	Amps:	0		
	Bakersfield, CA 93309	Our Test #:	014-02170		
Contact:	Don Nelson				
Phone:	(661) 616-0600	Fax:	(661) 616-0601	Cell:	(661) 379-2009

Test Results

Test Date: 5/14/2008 **Tester:** Wayne Cooper

Run Number ('E' = used for cost anal): E-1

1. Pumping Water Level (Ft):	289.5
2. Standing Water Level (Ft):	286
3. Draw Down (Ft):	4
4. Recovered Water Level (Ft):	286
5. Discharge Pressure at Gauge (PSI):	38
6. Total Lift (Ft):	377
7. Flow Velocity (Ft/Sec):	2.6
8. Measured Flow Rate (GPM):	15
9. Customer Flow Rate (GPM):	0
10. Specific Capacity (GPM/Ft draw):	4.3
11. Acre Feet per 24 Hr:	0.1
 Million Gallons per 24 Hr:	0.022
12. Cubic Feet per Second (CFS):	0.0
13. Horsepower Input to Motor:	5
14. Percent of Rated Motor Load (%):	129
15. Kilowatt Input to Motor:	4
16. Kilowatt Hours per Acre Foot:	1,440
17. Cost to Pump an Acre Foot:	\$240.48
18. Energy Cost (\$/Hour)	\$0.67
19. Base Cost per Kwh:	\$0.167
20. NamePlate RPM:	0
21. RPM at GearHead:	0
22. Overall Pumping Efficiency (%):	27

If a Flow Velocity (line 7) is less than 1 ft/second, the accuracy of the test is suspect

Note any major difference between the "Measured" flow rate and the "Customer's" (lines 8,9).

Remarks

All results are based on conditions during the time of the test. If these conditions vary from the normal operation of your pump, the results shown may not describe the pump's normal performance.

Overall efficiency of this plant is considered to be low assuming this run represents plant's normal operating condition.



CREEK ENVIRONMENTAL LABORATORIES, INC.

A Minority-owned Business Enterprise

141 SUBURBAN ROAD, SUITE C-5 • SAN LUIS OBISPO, CA 93401 • (805) 545-9838 • FAX (805) 545-0107

Page 1

Don Nelson
Rock Energy LLC
5060 California Ave.
Suite #640
Bakersfield, CA 93309

Log Number: 08-C6806
Order: P2508
Project: Garey Energy Project
Received: 05/14/08
Printed: 05/22/08

REPORT OF ANALYTICAL RESULTS

Sample Description	Sampled By	Sampled Date @ Time		Matrix				
From Faucet-4ft from well head	Wayne E. Cooper	05/14/08@10:32		Drinking Water				
Analyte	Result	DLR	Dilution Factor	Units	Method	Date Analyzed	Date Prepared	Batch
Carbonate Alkalinity as CaCO ₃	Not Detected	2	1	mg/L	SM 2320B	05/22/08		7746
Bicarbonate Alkalinity as CaCO ₃	260	2	1	mg/L	SM 2320B	05/22/08		7746
Hydroxide Alkalinity as CaCO ₃	Not Detected	2	1	mg/L	SM 2320B	05/22/08		7746
Total Alkalinity as CaCO ₃	260	2	1	mg/L	SM 2320B	05/22/08		7746
Chloride	38	1	1	mg/L	EPA 300.0	05/14/08		7456
Total Cyanide	Not Detected	0.005	1	mg/L	SM 4500-CN C,E	05/20/08	05/20/08	7636
Color	20	1	1	units	SM 2120B	05/14/08		7558
Electrical Conductance	1,100	1	1	umhos/cm	SM 2510 B	05/14/08		7558
Fluoride	0.3	0.1	1	mg/L	EPA 300.0	05/14/08		7456
Langlier Index (Corrosivity)	0.5	---	1	pH units	SM 2330B	05/22/08		7752
MBAS(Anionic Surfactants MW=340)	Not Detected	0.05	1	mg/L	SM 5540 C	05/16/08		7607
Nitrate as N	1.3	0.1	1	mg/L	EPA 300.0	05/14/08		7456
Nitrate as NO ₃	5.7	0.4	1	mg/L	EPA 300.0			
Nitrite as N	Not Detected	0.1	1	mg/L	EPA 300.0	05/14/08		7456
Odor	Not Detected	1	1	TON	SM 2150B	05/14/08		7558
pH	7.6	0.1	1	pH units	SM 4500-H B	05/14/08		7558
Sulfate	300	0.5	1	mg/L	EPA 300.0	05/14/08		7456
Total Dissolved Solids	770	10	1	mg/L	SM 2540C	05/20/08		7670
Turbidity	2.3	0.1	1	NTU	SM 2130B	05/14/08		7558
Calcium	100	0.03	1	mg/L	EPA 200.7	05/16/08		7541
Hardness as CaCO ₃	510	1	NA	mg/L	EPA 200.7			
Iron	0.31	0.02	1	mg/L	EPA 200.7	05/16/08		7541
Mercury	Not Detected	0.001	1	mg/L	EPA 245.1	05/16/08	05/16/08	7546
Potassium	3.7	0.1	1	mg/L	EPA 200.7	05/16/08		7541
Magnesium	62	0.03	1	mg/L	EPA 200.7	05/16/08		7541
Sodium	61	0.05	1	mg/L	EPA 200.7	05/16/08		7541
Aluminum	Not Detected	0.05	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Antimony	Not Detected	0.006	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Arsenic	Not Detected	0.002	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534



CREEK ENVIRONMENTAL LABORATORIES, INC.

A Minority-owned Business Enterprise

141 SUBURBAN ROAD, SUITE C-5 • SAN LUIS OBISPO, CA 93401 • (805) 545-9838 • FAX (805) 545-0107

Page 2

Don Nelson
Rock Energy LLC
5060 California Ave.
Suite #640
Bakersfield, CA 93309

Log Number: 08-C6806
Order: P2508
Project: Garey Energy Project
Received: 05/14/08
Printed: 05/22/08

REPORT OF ANALYTICAL RESULTS

Sample Description	Sampled By	Sampled Date @ Time	Matrix					
From Faucet-4ft from well head	Wayne E. Cooper	05/14/08@10:32	Drinking Water					
Analyte	Result	DLR	Dilution Factor	Units	Method	Date Analyzed	Date Prepared	Batch
Barium	Not Detected	0.1	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Beryllium	Not Detected	0.001	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Cadmium	Not Detected	0.001	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Chromium	Not Detected	0.01	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Copper	Not Detected	0.05	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Lead	Not Detected	0.005	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Manganese	0.44	0.02	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Nickel	Not Detected	0.01	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Selenium	Not Detected	0.005	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Silver	Not Detected	0.01	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Thallium	Not Detected	0.001	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Zinc	0.22	0.05	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534

DLR = Detection Limit for Reporting. Results of "Not Detected" are below DLR.

CREEK ENVIRONMENTAL LABORATORIES

Lab Director, Michael Ng

9N 33W 3

Indicate below the exact location of the proposed well with respect to the following items:
Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses,
flood plain, drainage pattern, existing wells, access roads, easements, and well site elevation.
Include dimensions.



ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH CARE SERVICES
WELL PERMIT FIELD INVESTIGATION RECORD

Well Permit Application Received: Date 11/20/91

Site Investigation By H. Ruiz Date 11/22/91

Findings: (Check applicable boxes and give clearance)

- | | |
|---|---|
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> Animal Enclosure |
| <input type="checkbox"/> Sewer Lines | <input type="checkbox"/> Creek or Watercourse |
| <input type="checkbox"/> Leach Field | <input type="checkbox"/> Petroleum Tank or Pipeline |
| <input type="checkbox"/> Cesspool/Drywell | <input type="checkbox"/> Other |

No sources of contamination to well site - APN checked OK -
no land use concerns

Application Reviewed and Approved: By H. Ruiz Date 11/22/91

Work Investigation Record

Date 11/25/91

Well Site #: _____

Casing Information

Borehole

Type: Steel ☒ PVC ☐ Other ☐

Total Depth of Well: 650 ft

Class/Gage/NSF: .250

Annular Seal Depth: 47 ft. ^{measured}

ASTM#: _____

Well Bore Diameter: 2 1/2"

Diameter: 16" Total Depth: 650 ft

Sealing Material: Concrete

Casing Schedule

Amount: 4 yds

0' -	350 ft =	Blank
350 ft -	650 ft =	Ref.

Method of Pour: Pumped

Use of Tremie: 2"

Driller(s): Ron Taylor

Comments: 16" Steel cap welded on casing at line of seal

Final Inspection and Approval/Denial: By H. Ruiz Date 11/25/91

Notice of Work Acceptance/Rejection Sent to Well owner On 1/1

9N 33W 3N01

CE079

ORIGINAL
File with DWR

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet

DWR USE ONLY - DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE LONGITUDE

APN/TRS/OTHER

Page 1 of 1
Owner's Well No. 1
Date Work Began 9-28-94 Ended 10-3-94
Local Permit Agency S.B. County Environmental Health
Permit No. 9002 Permit Date 9-16-94

GEOLOGIC LOG

DEPTH FROM SURFACE		DESCRIPTION
Fl.	to Fl.	
0	18	Fill
18	130	Sand & gravel
130	210	Clay
210	270	Sand & gravel
270	310	Clay
310	390	Sand & gravel
390	415	Clay
415	500	Sand & gravel
500	520	Clay streaks
520	640	Sand & gravel

WELL LOCATION

Address Dominion Rd. 3940 Dominion
City Santa Maria (Address of Winery)
County Santa Barbara
APN Book 129 Page 020 Parcel 12
Township 9N Range 33W Section 3
Latitude _____ North Longitude _____ West

LOCATION SKETCH NORTH

ACTIVITY (✓)
☒ NEW WELL
MODIFICATION/REPAIR
— Deepen
— Other (Specify) _____
— DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")
PLANNED USE(S) (✓)
— MONITORING
WATER SUPPLY
— Domestic
— Public
☒ Irrigation
— Industrial
— "TEST WELL"
— CATHODIC PROTECTION
— OTHER (Specify) _____

DRILLING METHOD Rotary FLUID mud
WATER LEVEL & YIELD OF COMPLETED WELL
DEPTH OF STATIC WATER LEVEL 270 (Fl.) & DATE MEASURED _____
ESTIMATED YIELD* 50 (GPM) & TEST TYPE air-lift
TEST LENGTH _____ (Hrs.) TOTAL DRAWDOWN _____ (Fl.)
* May not be representative of a well's long-term yield.

TOTAL DEPTH OF BORING 640 (Feet)
TOTAL DEPTH OF COMPLETED WELL 640 (Feet)

DEPTH FROM SURFACE		BORE-HOLE DIA. (Inches)	CASING(S)					DEPTH FROM SURFACE		ANNULAR MATERIAL			
			TYPE (✓)	MATERIAL/ GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)			CE- MENT (✓)	BEN- TONITE (✓)	FILL (✓)	FILTER PACK (TYPE/SIZE)
Fl.	to Fl.		BLANK SCREEN COH. DUCTOR FILL PIPE					Fl.	to Fl.				
0	560	97/8	X	Steel	6"	.156		0	50	X			Fine
560	640		X	Steel	6"	.156	1/8 X 2 1/2						

ATTACHMENTS (✓)

- Geologic Log
- Well Construction Diagram
- Geophysical Log(s)
- Soil/Water Chemical Analyses
- Other _____

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME Ranch Drilling Co. Inc.
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)
PD Box 524 Templeton CA 93465
ADDRESS _____ CITY _____ STATE _____ ZIP _____
Signed [Signature] 10-12-94 445016
WELL DRILLER/AUTHORIZED REPRESENTATIVE DATE SIGNED C-57 LICENSE NUMBER

ORIGINAL
File with DWR

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

No. 256005

Do not fill in

Notice of Intent No. _____
Local Permit No. or Date Santa Barbara County Permit #7513

State Well No. _____
Other Well No. _____

(12) WELL LOG: Total depth 750 ft. Completed depth 740 ft.
from ft. to ft. Formation (Describe by color, character, size or material)

(2) LOCATION OF WELL (See instructions):

County Santa Barbara Owner's Well Number 1
Well address if different from above APN 129-020-12
Township 9N Range 33W Section 3
Distance from cities, roads, railroads, fences, etc. Cruitt-Garvey Road & Dominion Road Intersection On Property Northeast Of Intersection, Approximately 200' Northeast Of New Reservoir

(SEE ATTACHED MAP)

(3) TYPE OF WORK:

New Well ☒ Deepening ☐
Reconstruction ☐
Reconditioning ☐
Horizontal Well ☐
Destruction ☐ (Describe destruction materials and procedures in Item 12)

(4) PROPOSED USE:

Domestic ☒
Irrigation ☒
Industrial ☐
Test Well ☐
Municipal ☐
Other ☐ (Describe)

WELL LOCATION SKETCH

(5) EQUIPMENT:

Rotary ☒ Reverse ☐
Cable ☐ Air ☐
Other ☐ Bucket ☐

(6) GRAVEL PACK: Sisquoc

Yes ☒ No ☐ 1/4" 5/8"
Diameter of bore 22"
Packed from 0 to 740 ft.

(7) CASING INSTALLED:

Steel ☒ Plastic ☐ Concrete ☐

(8) PERFORATIONS:

Type of perforation or size of screen

From ft.	To ft.	Dia. in.	Gage or Wall	From ft.	To ft.	Slot size
0	740	12-3/4	.330	510	730	.060x2 1/2" x32 Rows Vertical Perforations

(9) WELL SEAL:

Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth 50 ft.
Were strata sealed against pollution? Yes ☐ No ☒ Interval _____ ft.
Method of sealing 24" Conductor Pipe Cemented In 30" Borehole

(10) WATER LEVELS:

Depth of first water, if known _____ ft.
Standing level after well completion _____ ft.

(11) WELL TESTS:

Was well test made? Yes ☐ No ☐ If yes, by whom? _____
Type of test _____ Pump ☐ Bailor ☐ Air lift ☐
Depth to water at start of test _____ ft. At end of test _____ ft.
Discharge _____ gal/min after _____ hours Water temperature _____
Chemical analysis made? Yes ☐ No ☒ If yes, by whom? _____
Was electric log made Yes ☒ No ☐ If yes, attach copy to this report

9N 33W 03N 02

CC080

NOT FOR PUBLIC USE
WATER CODE SEC. 13752

Work started May 8, 19 89 Completed June 1, 19 89

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Signed Charles Wells (Well Driller)
NAME For FLOYD V. WELLS, INC.
(Person, firm, or corporation) (Typed or printed)
Address P.O. Box 1007
City Santa Maria, CA ZIP 93456
License No. C57-229570 Date of this report June 14, 1989



**FLOYD V.
WELLS, INC.**

DEPEND ON WELLS FOR WATER

WATER WELL DRILLING LOG

256005
PUMP SALES & SERVICE
WATER WELL DRILLING CONTRACTOR
1337 W. BETTERAVIA RD.
SANTA MARIA, CA 93455
805/925-8626 FAX 805/928-7826
CA LIC.#C57-229570

Owner:

Company:

Well No.: 1

Rig: #8 And #5

Location of Well: Orcutt-Garey Road And Dominion Road Area, North Of Orcutt-Garey Road And East
Of Dominion Road. Approximately 200' Northeast Of New Reservoir.

APN 129-020-12

T-9N, R-33W, Section 3

Surface Pipe 36" Set In 30" Borehole & Cemented Size: 24" O.D. Depth: 50' Gauge: .250

Well Bore Diameter: 22" Depth of Casing Set: 740'

Casing Size: 12-3/4" O.D. Gauge: .330 Type: Steel

Perforations: Size: .060x2 1/2" Type: Vertical Slot Perforations Number: 32 Rows

Perforation Location from Ground Level: 510' From: 0 To: 510' Blank
510' 730' Perforations
730' 740' Blank With
Bullnose On Bottom

Well Pack: Type: Sisquoc Size: 1/4"x1/8" Quantity: Tons

Bits: No. Used: 5 Size: 11", 12 1/4", 17 1/2", 22", 30"

Drilling Method: Air: Foam: Mud: XX

Material Used: Gel: 240-50# Quik Gel 2-50# ShurGel 2-50# Drispac 1-100# Soda Ash Foam:

Well Started: May 8, 1989 Well Completed: June 1, 1989 Driller: Mark And Pat

TEST PUMPING INFORMATION:

Production Test:

Standing Water Level:

Pumping Level:

G.P.M.:

Pumping Level

REMARKS:



FORMATION LOG

PUMP SALES & SERVICE
WATER WELL DRILLING CONTRACTOR
 1337 W. BETTERAVIA RD.
 SANTA MARIA, CA 93455
 805/925-8626 FAX 805/928-7826
 CA LIC#C57-229570

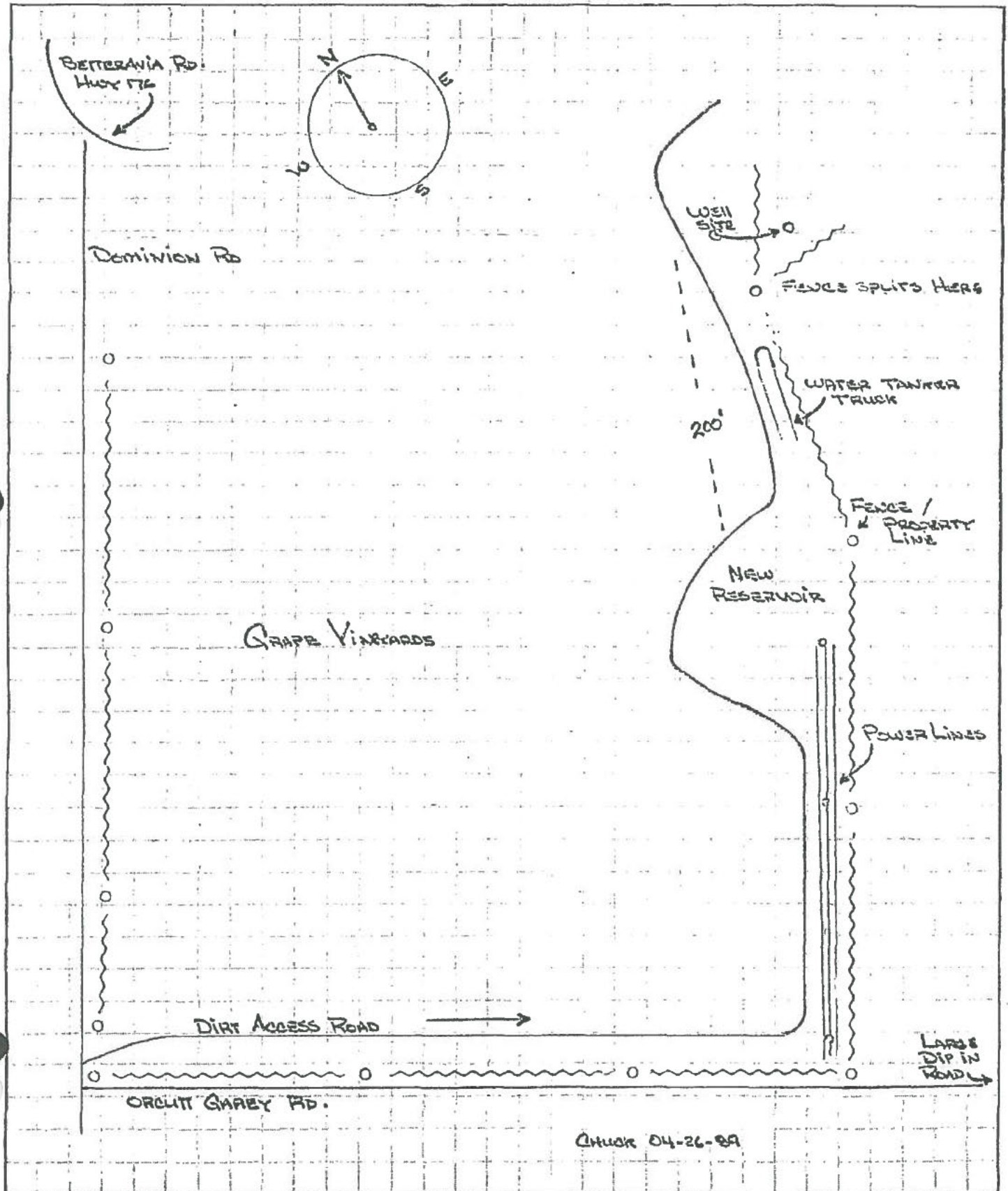
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WELL PERMIT APPLICATION

Plot Plan (1/4" = 20')

256005
Permit No. 7513
Page 2 of 2

Indicate below the exact location of the proposed well with respect to the following items: Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses, flood plain, drainage pattern, existing wells, access roads, easements, and well site elevation. Include dimensions.



9N33W03K

C0081

ORIGINAL
File with DWRSTATE OF CALIFORNIA
WELL COMPLETION REPORT

Refer to Instruction Pamphlet

Page 1 of 1

Owner's Well No. Ranch #5No. 0907241Date Work Began 9-15-04, Ended 10-15-04Local Permit Agency Santa Barbara Co Health DepPermit No. 0103364 Permit Date 8-23-04

DWR USE ONLY — DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE

LONGITUDE

APN/TRS/OTHER

GEOLOGIC LOG

ORIENTATION () ☒ VERTICAL ☐ HORIZONTAL ☐ ANGLE (SPECIFY)

DRILLING METHOD

ReverseFLUID Water

DESCRIPTION

Describe material, grain size, color, etc.

DEPTH FROM SURFACE		
FL	TO	FL
0	5	Top Soil
5	20	Fine Sand
20	155	Brown Clay
155	270	Sand & Grvel
270	285	Brown Clay
285	390	Sand & Gravel
390	400	Brown Clay
400	590	1/2" Gravel
590	605	Brown Clay
605	670	1/2" Gravel
670	675	Brown Clay
675	740	1/4" Gravel
740	760	Brown Clay
760	780	Fine Sand
780	800	Sandy Blue Clay
800	830	1/4" Gravel
830	840	Brown Clay
840	860	Fine Sand

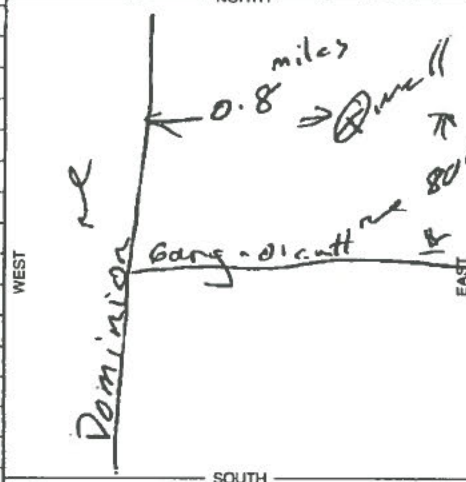
TOTAL DEPTH OF BORING 860 (Feet)TOTAL DEPTH OF COMPLETED WELL 850 (Feet)

WELL OWNER

Address 3836 Orcutt-Garey Rd
City Orcutt Ca
County Santa Barbara
APN Book 129 Page 020 Parcel 30
Township 9N Range 33W Section 10 2.3
Lat 34 52' Long 120 19' 58.81"

LOCATION SKETCH

NORTH



Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE.

ACTIVITY ()

☒ NEW WELL

MODIFICATION/REPAIR

☐ Deepen
☐ Other (Specify)☐ DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")

USES ()

WATER SUPPLY

☒ Domestic ☐ Public
☒ Irrigation ☐ Industrial

MONITORING

TEST WELL

CATHODIC PROTECTION

HEAT EXCHANGE

DIRECT PUSH

INJECTION

VAPOR EXTRACTION

SPARGING

REMEDIATION

OTHER (SPECIFY)

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER 370 (Ft) BELOW SURFACEDEPTH OF STATIC WATER LEVEL 320 (Ft) & DATE MEASURED 10-15-04ESTIMATED YIELD 2000 (GPM) & TEST TYPE PumpedTEST LENGTH 12 (Hrs.) TOTAL DRAWDOWN 200 (Ft)

* May not be representative of a well's long-term yield.

DEPTH FROM SURFACE			BORE-HOLE DIA. (Inches)	CASING (S)					DEPTH FROM SURFACE			ANNULAR MATERIAL					
				TYPE ()			MATERIAL / GRADE	INTERNAL DIAMETER (Inches)				GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	TYPE			
Fl.	to	Fl.	BLANK	SCREEN	CON- DUCTOR FILL PIPE									Fl.	to	Fl.	CE- MENT ()
0	50				x		Steel	30	1/4"		0	50		x			
0	460		x				Steel	16	1/4"		50	860					8x16
460	590			x			Steel	16	1/4"	0.60							
590	610		x				Steel	16	1/4"								
610	850			x			Steel	16	1/4"	0.60							

ATTACHMENTS ()

- ☐ Geologic Log
- ☐ Well Construction Diagram
- ☐ Geophysical Log(s)
- ☐ Soil/Water Chemical Analyses
- ☐ Other

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME Coast Drilling / Robert Haylock

(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS 4219 Arcturus Ave LompocCity Ca State 93436

DATE

DATE

DATE

DATE

Signature

C-57 LICENSED WATER WELL CONTRACTOR

12-6-04

DATE SIGNED

760755

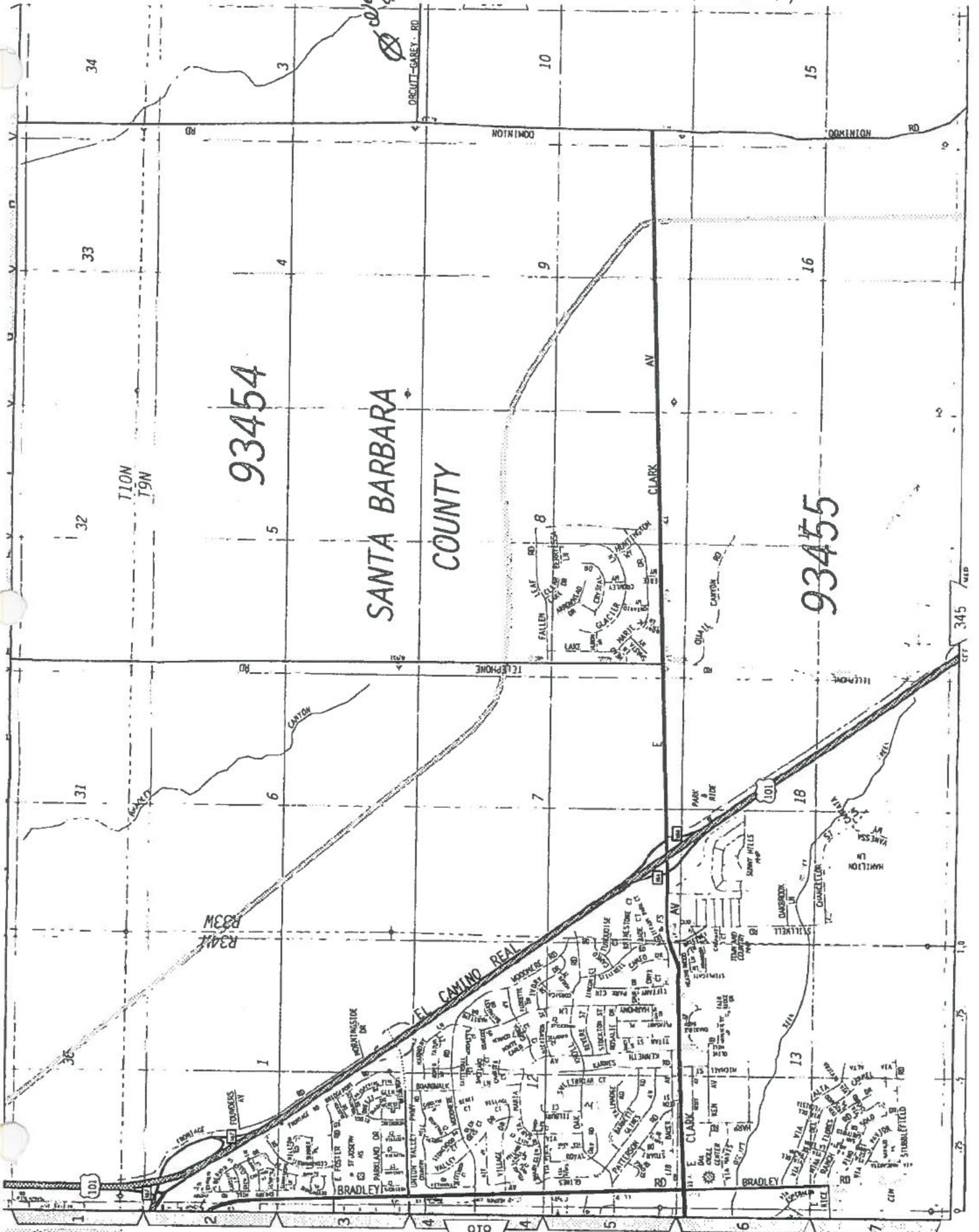
C-57 LICENSE NUMBER

090724)

SANTA BARBARA
COUNTY

93454

93455



STB & SLO

816

SLE

MAP

9N 33W 4

QUADRUPLICATE
For Local Requirements

STATE OF CALIFORNIA
WELL COMPLETION REPORT

Refer to Instruction Pamphlet

No. 0962172

Page ___ of ___

Owner's Well No. _____

Date Work Began 5-20-14, Ended 10-21-14

Local Permit Agency

Permit No. _____

Santa Barbara

Permit Date

5-2-14

DWR USE ONLY - DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE LONGITUDE

APN/TRS/OTHER

ORIENTATION ()			GEOLOGIC LOG	
			VERTICAL	HORIZONTAL
			ANGLE	(SPECIFY)
DEPTH FROM SURFACE			DRILLING METHOD	FLUID
FL	to	FL	ROTARY	Mud
			Describe material, grain size, color, etc.	
0	30		Hard Clay	
30	120		Sand & Small Gravel	
120	140		Sandy Clay	
140	360		Sand & Small Gravel	
360	400		Clay with Sand Streaks	
400	460		Sand & Gravel	
460	480		Clay with Sand Streaks	
200	500		Sand & Gravel	
500	510		Brown Clay	
510	520		Sand & Gravel	
520	530		Sand & Clay Streaks	
530	730		Sand & Small Gravel	

WELL OWNER

Name: [Redacted]
Mailing Address: [Redacted]
City: [Redacted] State: [Redacted] ZIP: [Redacted]

WELL LOCATION

Address: [Redacted]
City: [Redacted]
County: [Redacted]
APN Book: [Redacted] Page: [Redacted]
Township: [Redacted] Range: [Redacted] Section: [Redacted]
Lat: [Redacted] Long: [Redacted]

LOCATION SKETCH

ACTIVITY ()

NEW WELL

MODIFICATION/REPAIR

Deepen

Other (Specify)

DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")

USES ()

WATER SUPPLY

Domestic Public

Irrigation Industrial

MONITORING

TEST WELL

CATHODIC PROTECTION

HEAT EXCHANGE

DIRECT PUSH

INJECTION

VAPOR EXTRACTION

SPARGING

REMEDIATION

OTHER (SPECIFY)

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER (FL) BELOW SURFACE

DEPTH OF STATIC

WATER LEVEL (FL) & DATE MEASURED

ESTIMATED YIELD (GPM) & TEST TYPE

TEST LENGTH (Hrs.) TOTAL DRAWDOWN (FL)

* May not be representative of a well's long-term yield.

DEPTH FROM SURFACE			BORE-HOLE DIA. (Inches)					CASING (S)				DEPTH FROM SURFACE			ANNULAR MATERIAL			
FL	to	FL	TYPE ()	BLANK	SCREEN	CONDUCTOR	FILL PIPE	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	FL	to	FL	CE-MENT ()	BEN-TONITE ()	FILL ()	FILTER PACK (TYPE/SIZE)
0	50		42	X				Steel	30			0	50		AS			
0	400		24	X				Steel	14	312								
400	740		24	X				Steel	14	Wire Wrap 040								
740	750		24	X				Steel	14	312								EX15

ATTACHMENTS ()

- Geologic Log
- Well Construction Diagram
- Geophysical Log(s)
- Soil/Water Chemical Analyses
- Other

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME [Redacted]
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS [Redacted] CITY [Redacted] STATE [Redacted] ZIP [Redacted]

Signed [Redacted]
C-57 LICENSED WATER WELL CONTRACTOR

DATE SIGNED 11-1-14

C-57 LICENSE NUMBER 52345

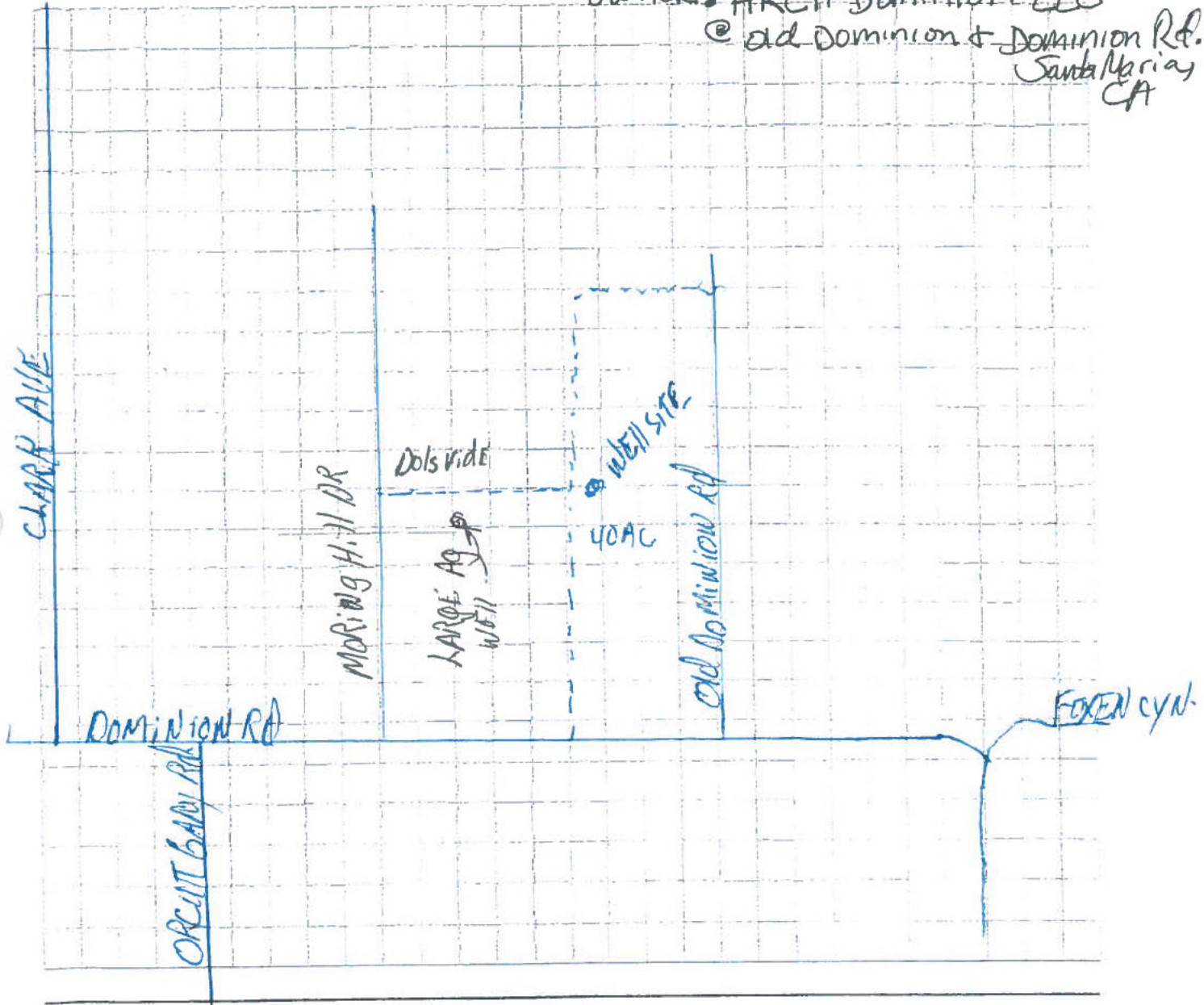
Well Permit Application Plot Plan

(Scale 1/4" Block = 20 ft.)

Permit #: SR0109580
APN: 129-020-043

Indicate below the exact location of the proposed well with respect to the following items within 200 ft. of the proposed well: property lines, access roads and easements, existing/proposed structures (surface and subsurface), existing wells; existing/proposed industrial, hazardous, solid waste systems, works or tanks, petroleum product system works or tanks; animal enclosures and/or animal waste storage areas; agricultural operations; watercourses, 100-yr. flood plain and drainage patterns of the property; and well site elevations. Show the actual distance between the proposed well and these items.

OWNER: ARCH Dominion LLC
@ old Dominion & Dominion Rd.
Santa Maria
CA



Dept. Use Only: Site Reviewed By: _____

Date: _____

☐ Sewer (Sanitary, Storm or Bldg) - 50 ft.

☐ Septic Tanks and / or Leachlines - 100 ft.
(include 100% expansion area)

☐ Seepage Pit / Drywell - 150 ft.
(include 100% expansion area)

☐ Water Bodies / Courses - 50 ft.

☐ Underground Petroleum Product Storage Tanks - 100 ft

☐ Other: _____



March 18, 2015

Arch Dominion LLC
1006 Segovia Circle
Placentia, CA 92870

Subject: **Completion Report for Water Well Permit, SR#0109580**
(Assessor's Parcel Number: 129-020-043 at Old Dominion Rd. & Dominion Rd., Santa Maria, CA)

This Department has reviewed the construction of the subject water well as related to the location of the well and the placement of the annular seal in the upper portion of the bore around the well casing. This work has been completed in conformity with the requirements of the Water Well Standards of the State Department of Water Resources, as adopted by the Santa Barbara County.

If water from this well is intended to be utilized for domestic or drinking purposes it will first be necessary to obtain a Water System Permit from this Department. The permit is required for any water system that will provide water to a dwelling unit or to any structure utilized for commercial or manufacturing purposes, which requires potable water for human consumption or use.

Please contact the undersigned if you have any questions or if you need a Water System Permit Application. I can be reached at 805/ 346-8461.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Jenzen".

Paul Jenzen, REHS
Senior Environmental Health Specialist

cc: Assessor's Office

**ENVIRONMENTAL HEALTH SERVICES
SANTA BARBARA COUNTY PUBLIC HEALTH DEPT
WELL PERMIT FIELD INVESTIGATION RECORD**

 WELL Permit Application Received: Date 9/2/14

 Site Investigation By P. JENZEN Date 9/4/14

Findings: (Check applicable boxes and give clearance)

- | | |
|---|---|
| <input type="checkbox"/> Overhead Power Lines _____ | <input type="checkbox"/> Animal Enclosure _____ |
| <input type="checkbox"/> Sewer Lines _____ | <input type="checkbox"/> Creek or Watercourse _____ |
| <input type="checkbox"/> Leach Field _____ | <input type="checkbox"/> Petroleum Tank or Pipeline _____ |
| <input type="checkbox"/> Cesspool/Drywell _____ | <input type="checkbox"/> Other _____ |

MEETS ALL APPLICABLE SETBACK REQUIREMENTS

 Application Reviewed and Approved: By Paul [Signature] Date 9/4/14

Work Investigation Record

 Date 9/19/14
Casing Information

 Type: Steel ☒ PVC ☐ Other ☐

Class/Gage/NSF: _____

ASTM#: _____

 Diameter: 30" Total Depth: _____

Casing Schedule

0'	-	=	_____
_____	-	=	_____
_____	-	=	_____
_____	-	=	_____
_____	-	=	_____
_____	-	=	_____
_____	-	=	_____

Well Site #: _____

Borehole

Total Dept of Well: _____

 Annular Seal Depth: 52'

 Well Bore Diameter: 40"

 Sealing Material: 6 SACK SLURRY

 Amount: 9 1/2 YARDS

 Method of Pour: PUMPED

 Use of Tremie: YES

Driller (s): _____

 Comments: CONDUCTOR CASING SET

 Final Inspection and Approval/Denial: By _____ Date 1/1/15

 Notice of Work Acceptance/Rejections Sent to Well Owner On: 3/18/15

9N33W04A2

C083

ORIGINAL
File with DWRPage 1 of 1
Owner's Well No. 21Date Work Began 2-25-07 Ended 3-30-07Local Permit Agency Santa Barbara CoPermit No. SR 0104840Permit Date 2-20-07STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet
No. **1098076**

DWR USE ONLY - DO NOT FILL IN	
STATE WELL NO./STATION NO.	
LATITUDE	LONGITUDE
A/N/T/R/OTHER	

ORIENTATION ()			X VERTICAL		HORIZONTAL		ANGLE		(SPECIFY)	
DEPTH FROM SURFACE			DRILLING METHOD		FLUID		DESCRIPTION		Describe material, grain size, color, etc.	
FL	to	FL	Rotary		Mud					
0	137						Sandy Clay			
137	152						Brown Clay			
152	201						Sand			
201	240						Sandy Clay			
240	270						Sand & Gravel			
270	293						Brown Clay			
293	335						Sand & Small Gravel			
335	350						Brown Clay			
350	370						Sand & Gravel			
370	380						Brown Clay			
380	390						Sand & Gravel			
390	400						Brown Clay			
400	420						Sand & Gravel			
420	445						Brown Clay			
445	460						Sand & Gravel			
460	475						Brown Clay			
475	490						Sand & Gravel			
490	510						Brown Clay			
510	530						Sand & Gravel			
530	538						Brown Clay			
538	590						Coarse Sand			

TOTAL DEPTH OF BORING 590 (Feet)
TOTAL DEPTH OF COMPLETED WELL 362 (Feet)

WELL OWNER	
Name <u>Mike Mahoney</u>	
Mailing Address <u>4445 Berkshire Ln</u>	
<u>Santa Maria Calif 93455</u>	
CITY <u>Santa Maria</u>	STATE <u>CA</u> ZIP <u>93455</u>
WELL LOCATION	
Address <u>Dominion Rd</u>	
City <u>Santa Maria Calif</u>	<u>93454</u>
County <u>Santa Barbara</u>	
APN Book <u>129-020-048</u>	
Township <u>12</u> Range <u>32</u> Section <u>01</u>	
Lat <u>34</u> <u>53</u> <u>32.01</u> N Long <u>120</u> <u>33</u> <u>14</u> W	
ACTIVITY () <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> MODIFICATION/REPAIR <input type="checkbox"/> Deepen <input type="checkbox"/> Other (Specify) _____ DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG") _____ USES () WATER SUPPLY <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial MONITORING <input type="checkbox"/> TEST WELL <input type="checkbox"/> CATHODIC PROTECTION <input type="checkbox"/> HEAT EXCHANGE <input type="checkbox"/> DIRECT PUSH <input type="checkbox"/> INJECTION <input type="checkbox"/> VAPOR EXTRACTION <input type="checkbox"/> SPARGING <input type="checkbox"/> REMEDIATION <input type="checkbox"/> OTHER (SPECIFY) _____	

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER _____ (Ft.) BELOW SURFACE
 DEPTH OF STATION 280
 WATER LEVEL 280 (Ft.) & DATE MEASURED 3-26-07
 ESTIMATED YIELD 500 (GPM) & TEST TYPE Pump
 TEST LENGTH 12 (Hrs.) TOTAL DRAWDOWN 25 (Ft.)
 * May not be representative of a well's long-term yield.

DEPTH FROM SURFACE		BORE-HOLE DIA. (Inches)	CASING (S)					INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	ANNULAR MATERIAL			
FL	to		FL	TYPE ()	MATERIAL / GRADE	TYPE ()	CE-MENT ()				BEN-TONITE ()	FILL ()	FILTER PACK (TYPE/SIZE)	
0	342	17 1/2	X		PVC	10	SDR-21							
342	562	17 1/2	X		PVC	10	SDR-21	040					Monterey	

ATTACHMENTS ()

☐ Geologic Log
☐ Well Construction Diagram
☐ Geophysical Log(s)
☐ Soil/Water Chemical Analyses
☐ Other _____

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief

NAME Ron Taylor Drilling
 (PERSON, FIRM OR CORPORATION) (TYPED OR PRINTED)
2801 Mahoney Rd Santa Maria Calif 93455
 ADDRESS CITY STATE ZIP
 Signed Ron Taylor DATE SIGNED 4-20-07 523-858
 C-57 LICENSE NUMBER

Santa Barbara County
PUBLIC Health
DEPARTMENT

Environmental Health Services

Elliot Schulman, MD, MPH *Director / Health Officer*
Richard Merrifield, REHS *Director of Environmental Health*

225 Camino Del Remedio • Santa Barbara, CA 93110
805/681-4900 • FAX 805/681-4901

2125 S. Centerpointe Pkwy. #333 • Santa Maria, CA 93455
805/346-8460 • FAX 805/346-8485

March 12, 2006

(b) (6)

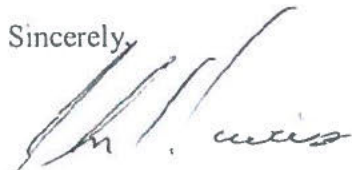
Subject: **Completion Report for Water Well Permit SR#0104840**
(Assessor's Parcel Number: 129-020-048)

This Department has reviewed the construction of the subject water well as related to the approval of the location of the well and the placement of the annular seal in the upper portion of the bore around the well casing. This work has been completed in conformity with the requirements of the Water Well Standards of the State Department of Water Resources, as adopted by the Santa Barbara County Water Well Ordinance.

If water from this well is intended to be utilized for domestic or drinking purposes, it will first be necessary to obtain a Water System Permit from this Department. The permit is required for any water system that will provide water to a dwelling unit or to any structure utilized for commercial or manufacturing purposes which requires potable water for human consumption or use.

Please contact the undersigned at the office indicated on this letterhead if you have any questions, or if you need a Water Permit application and a copy of the instructions for completing the form, and for providing the necessary specifications on the system.

Sincerely,



John D. Davies, R.E.H.S.
Environmental Health Specialist

PC: Assessor's Office

ENVIRONMENTAL HEALTH DIVISION
SANTA BARBARA COUNTY HEALTH CARE SERVICES
WELL PERMIT FIELD INVESTIGATION RECORD

Well Permit Application Received: Date 2, 20, 07

Site Investigation By J. Davis Date 2, 21, 07

Findings: (Check applicable boxes and give clearance)

- | | |
|---|---|
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> Animal Enclosure |
| <input type="checkbox"/> Sewer Lines | <input type="checkbox"/> Creek or Watercourse |
| <input type="checkbox"/> Leach Field | <input type="checkbox"/> Petroleum Tank or Pipeline |
| <input type="checkbox"/> Cesspool/Drywell | <input type="checkbox"/> Other |

Schubert - OK

Assessor - OK

Application Reviewed and Approved: By J. Davis Date 2, 21, 07

Work Investigation Record

Date 3, 9, 07

Well Site #: 1

Casing Information

Type: Steel ☐ PVC ☒ Other ☐

Class/Gage/NSF: 3PR-21

ASTM#: F-480

Diameter: 10 Total Depth: 562

Borehole

Total Depth of Well: 562

Annular Seal Depth: 57'

Well Bore Diameter: 17.5"

Sealing Material: C-sack cement

Amount: 5 yd

Method of Pour: Pump

Use of Tremie: Yes

Driller(s): Ken Taylor

Casing Schedule

0'	-	282'	=	<u>Blank</u>
282'	-	562'	=	<u>Perf</u>
	-		=	
	-		=	
	-		=	
	-		=	
	-		=	
	-		=	

Comments:

Production casing capped this date

Final Inspection and Approval/Denial: By J. Davis Date 3, 9, 07

Notice of Work Acceptance/Rejection Sent to Well owner On 3, 12, 07

WELL PERMIT APPLICATION

Permit No. _____

Plot Plan ($\frac{1}{2}$ " = 20')

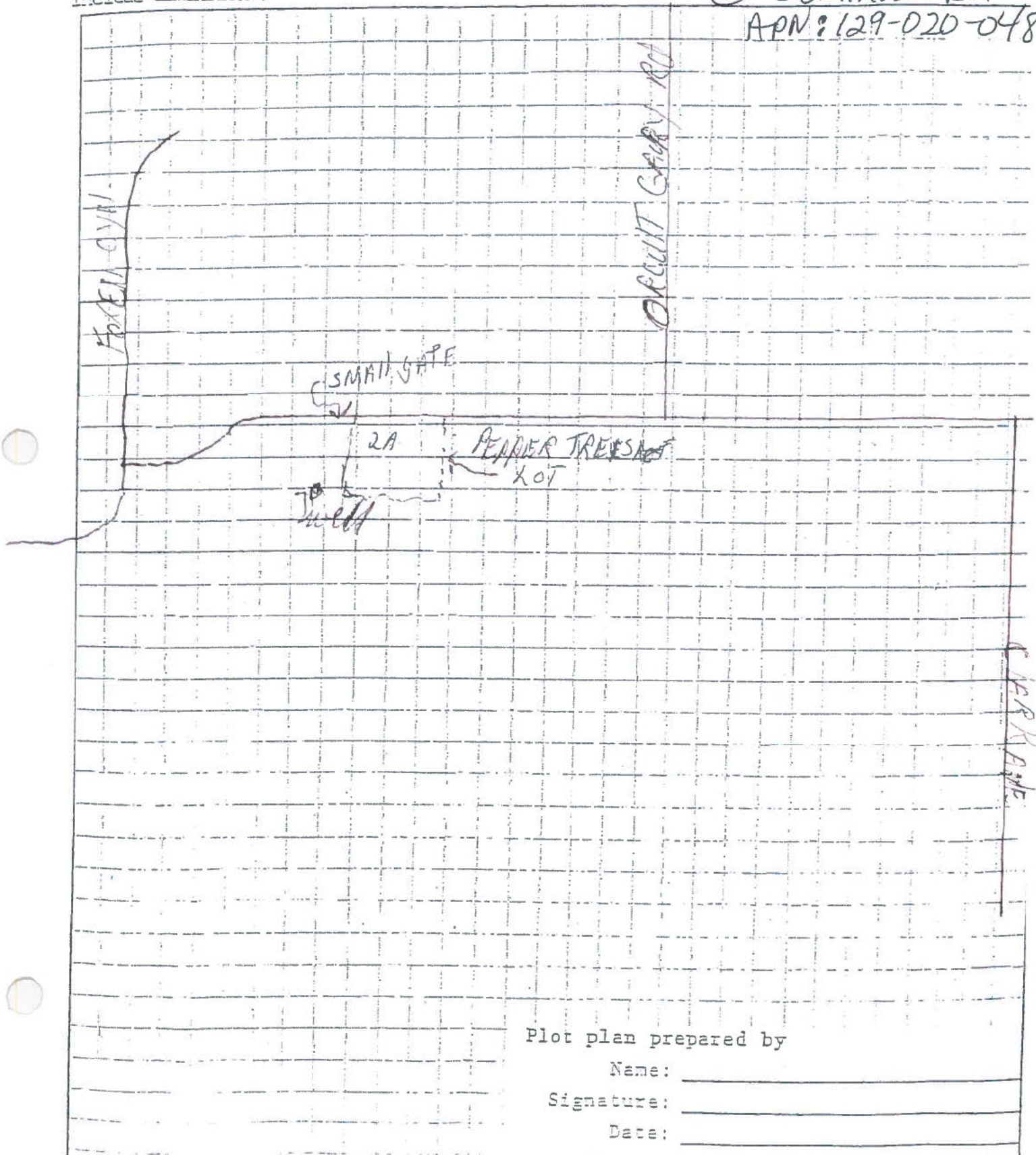
Page 3 of 3

SR0104840

Indicate below the exact location of the proposed well with respect to the following items:
property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses,
flood plain, drainage pattern, existing wells, access roads, easements, and well site elevat.
Include dimensions.

@ Dominion Rd

APN: 129-020-048



Plot plan prepared by

Name: _____

Signature: _____

Date: _____

ORIGINAL
File with DWR

Page ____ of ____

Owner's Well No. 2

Date Work Began 2-4-13, Ended _____

Local Permit Agency Santa Barbara Co

Permit No. SR-15692

Permit Date 2-1-13

STATE OF CALIFORNIA

WELL COMPLETION REPORT

Refer to Instruction Pamphlet

No. 0961850

DWR USE ONLY — DO NOT FILL IN

STATE WELL NO./STATION NO.									
LATITUDE					LONGITUDE				
APN/TRS/OTHER									

GEOLOGIC LOG

ORIENTATION () ☒ VERTICAL ☐ HORIZONTAL ☐ ANGLE _____ (SPECIFY)

DRILLING METHOD Rotary FLUID Mud

DEPTH FROM SURFACE		DESCRIPTION
Ft.	to Ft.	Describe material, grain size, color, etc.
0	20	Hard Brown Clay
0	325	Soft White Sand & Gravel
325	370	Sandy Brown Clay
370	425	Sand & Gravel
425	440	Brown Clay
440	460	Sand & Gravel
460	475	Brown Clay
475	495	Sand & Gravel
495	505	Brown Clay
505	530	Sand & Gravel
530	538	Brown Clay
538	580	Sand & Gravel
580	590	Brown Clay
590	630	Sand & Gravel
630	640	Brown Clay
640	650	Sand & Gravel
650	660	Brown Clay
660	800	Sand & Gravel
800	835	Sandy Clay
835	875	Sand & Gravel
875	885	Sandy Clay
885	940	Sand & Gravel
940	950	Brown Clay
950	995	Sand & Gravel
995	1000	Brown Clay
1000	1017	Sand & Gravel

Address 3590 Telephone Rd
Santa Maria, Calif 93454

County Santa Barbara Co

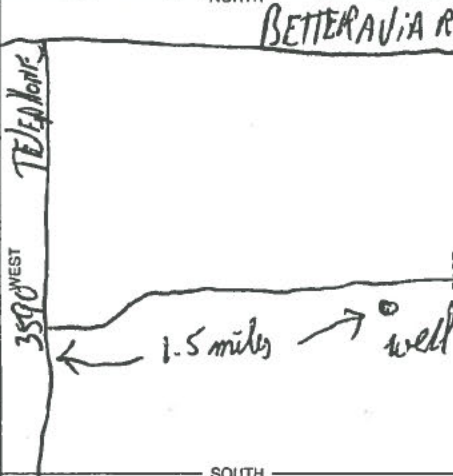
APN Book _____ Page _____ Parcel _____

Township _____ Range _____ Section _____

Lat _____ DEG MIN SEC N Long _____ DEG MIN SEC W

LOCATION SKETCH

NORTH



Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE.

ACTIVITY ()

☒ NEW WELL

MODIFICATION/REPAIR

— Deepen
— Other (Specify) _____

DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")

USES ()

WATER SUPPLY

☒ Domestic ☐ Public
☒ Irrigation ☐ Industrial

MONITORING _____
TEST WELL _____
CATHODIC PROTECTION _____
HEAT EXCHANGE _____
DIRECT PUSH _____
INJECTION _____
VAPOR EXTRACTION _____
SPARGING _____
REMEDIATION _____
OTHER (SPECIFY) _____

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER _____ (Ft.) BELOW SURFACE

DEPTH OF STATIC WATER LEVEL 327 (Ft.) & DATE MEASURED _____

ESTIMATED YIELD 2000 (GPM) & TEST TYPE Pump

TEST LENGTH 12 (Hrs.) TOTAL DRAWDOWN _____ (Ft.)

* May not be representative of a well's long-term yield.

TOTAL DEPTH OF BORING 1018 (Feet)
TOTAL DEPTH OF COMPLETED WELL 1000 (Feet)

DEPTH FROM SURFACE			BORE-HOLE DIA. (Inches)	CASING (S)							
				TYPE ()				MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)
Ft.	to	Ft.	BLANK	SCREEN	CON- DUCTOR	FILL PIPE					
0	50	42	X					Steel	34	3/8	
0	470	26	X					Steel	1.6	5/16	
470	990	26		X				Steel	1.6	Wire Wrap 040	
990	1000	26	X					Steel	1.6		

DEPTH FROM SURFACE			ANNULAR MATERIAL			
			TYPE			
Ft.	to	Ft.	CE- MENT ()	BEN- TONITE ()	FILL ()	FILTER PACK (TYPE/SIZE)
0	50		X			

ATTACHMENTS ()

- Geologic Log
- Well Construction Diagram
- Geophysical Log(s)
- Soil/Water Chemical Analyses
- Other _____

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME Ron Taylor Drilling
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS 2801 Mahoney Santa Maria, Calif 93455

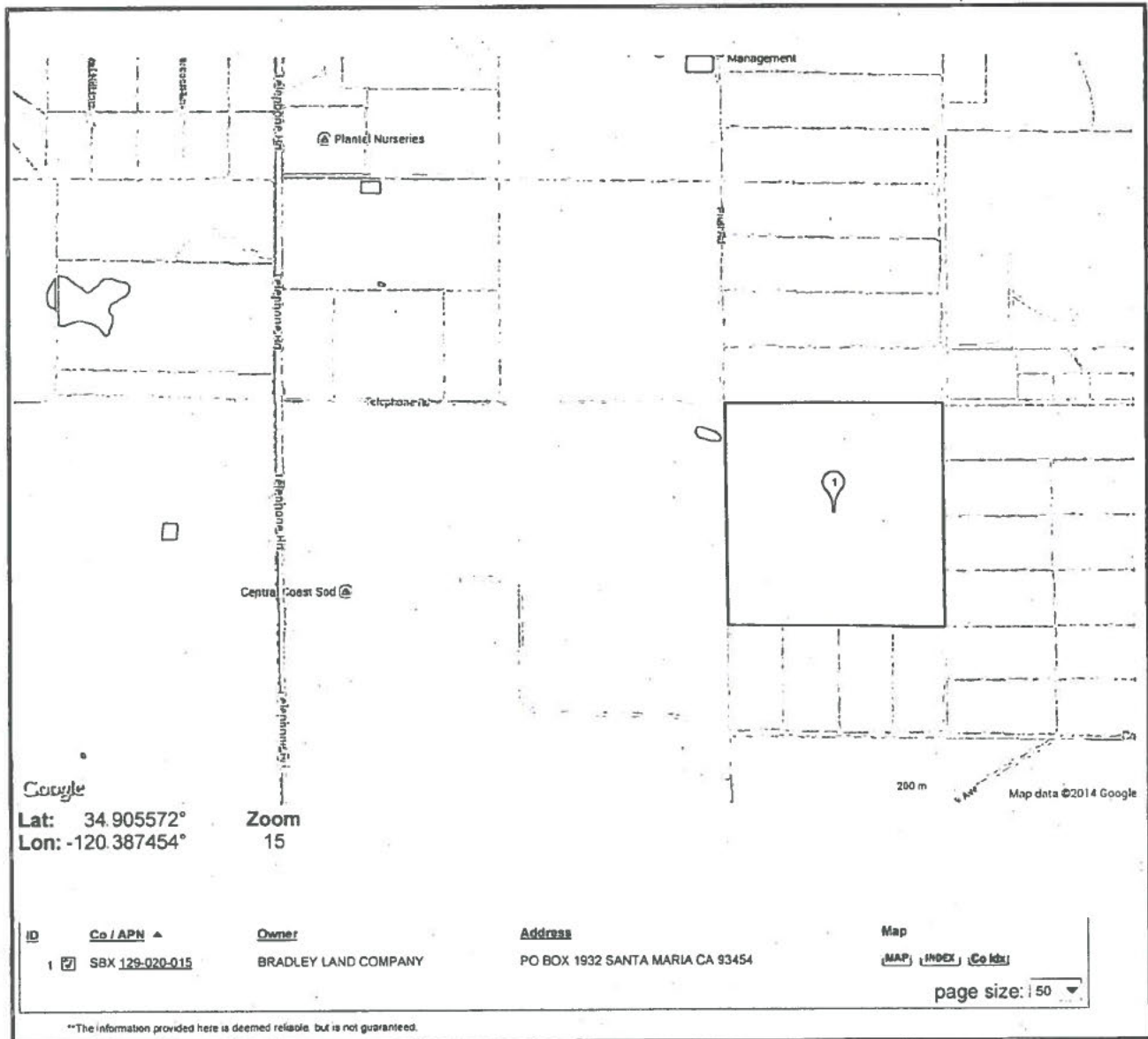
CITY _____ STATE _____ ZIP _____

Signed Ron Taylor
C-57 LICENSED WATER WELL CONTRACTOR

DATE SIGNED 3-4-13

C-57 LICENSE NUMBER 523-858

0961850



October 1, 2014

Bradley Lands
PO Box 1932
Santa Maria, CA 93456


Subject: **Completion Report for Water Well Permit #SR0108730**
(Assessor's Parcel Number: 129-010-011, 3700 Telephone Rd., Santa Maria, CA)

This Department has reviewed the construction of the subject water well as related to the location of the well and the placement of the annular seal in the upper portion of the bore around the well casing. This work has been completed in conformity with the requirements of the Water Well Standards of the State Department of Water Resources, as adopted by the Santa Barbara County.

If water from this well is intended to be utilized for domestic or drinking purposes it will first be necessary to obtain a Water System Permit from this Department. The permit is required for any water system that will provide water to a dwelling unit or to any structure utilized for commercial or manufacturing purposes, which requires potable water for human consumption or use.

Please contact the undersigned if you have any questions or if you need a Water System Permit Application. I can be reached at 805 346-8461.

Sincerely,


Paul Jenzen, Senior REHS
Environmental Health Specialist

cc: Assessor's Office

**ENVIRONMENTAL HEALTH SERVICES DIVISION
WELL PERMIT FIELD INVESTIGATION RECORD**

Well Permit Application Received: Date: 2/1/13

Well Permit Number: SR 108730

Owner: BRADLEY LEAN CO.

APN 12910101011

Site Investigation by: M. Schmaeling

Date: 2/5/13

Findings: (Check Applicable Boxes and Give Clearance)

☒ Overhead Powerlines OK

☒ Animal Enclosures NONE

☒ Sewer Lines NONE
(> 50 feet)

☐ Creek/Watercourse RESERVED
(100 yr Flood plain)

☐ Leachfield/Septic Tank NONE
(> 100 feet)

☐ Petroleum Tank/Pipeline OK (100 ft)
(50 feet)

☐ Cesspool/Drywell NONE
(> 150 feet)

☐ Other _____

Comments: PHOTOMAPPER DONE + ATTACHED

Construction Inspection Record:

Date: 2/22/13 Driller: RTATLOR

Registered Professional _____

☐ Destruction:

Casing Depth Below Grade: _____
Depth of Seal: _____

Casing Information:

Diameter 34" ☐ Gage 2

Borehole:

Total Depth of Well: 200

☒ Steel ☐ Standard linepipe ☐ Structural Steel

Annular Seal: _____
(20' Ag & SPWS; 50' >5 conn. & commercial)

☐ ABS ☐ PVC ☐ Standard 14 NSF

Well Bore Diameter: 34" 47

☐ Other: _____

Sealing Material: SIX SACK
(6 Sack concrete, neat cement, sand-cement, Bentonite, thermoset plastic concrete)

Casing Schedule:

TYPE

Conductor Casing:

0 ft.	-	470	=	BLANK
470	-	990	=	SCREEN
990	-	1000	=	BLANK
	-		=	
	-		=	

Borehole: 20 47
Sealing Material: SIX SACK
Conductor Casing:
Depth: 50' Diameter 34"
Capped YRS

Amount: _____

Method of Pour: ☐ Gravity or ☒ Pumper

Use of Tremie Pipe: ☐ Yes ☐ N/A
Required if wet or > 30 ft deep

Well Permit Application Plot Plan

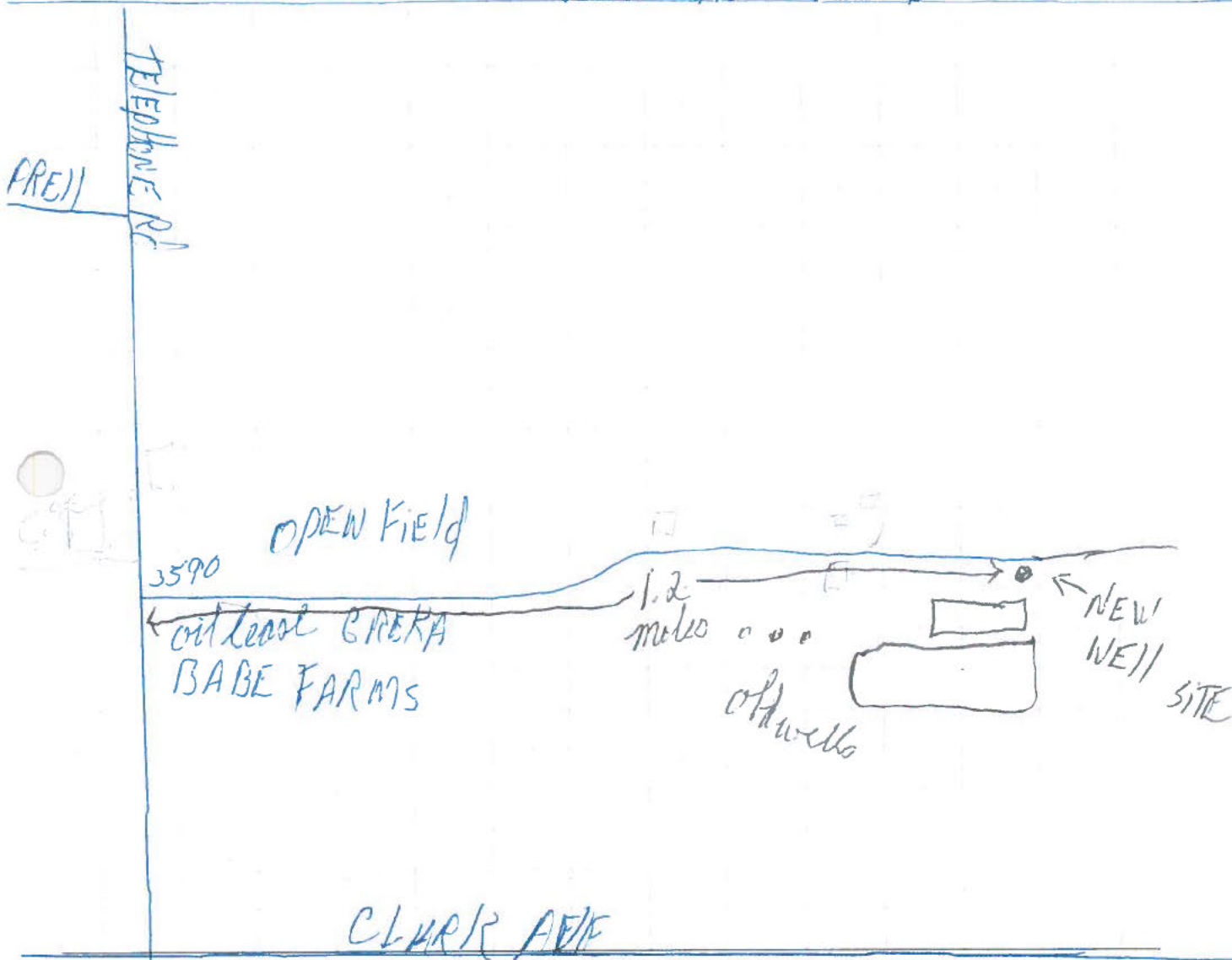
(Scale 1/4" Block = 20 ft.)

Permit #: SR0108730

APN: _____

Indicate below the exact location of the proposed well with respect to the following items within 200 ft. of the proposed well: property lines, access roads and easements; existing/proposed structures (surface and subsurface); existing wells; existing/proposed industrial, hazardous, solid waste systems, works or tanks; petroleum product system works or tanks; animal enclosures and/or animal waste storage areas; agricultural operations; watercourses, 100-yr. flood plain and drainage patterns of the property; and well site elevations. Show the actual distance between the proposed well and these items.

BETTERAVIA Rd E @ 3590 Telephone Rd



Dept. Use Only: Site Reviewed By: _____

Date: _____

- ☐ Sewer (Sanitary, Storm or Bldg.) - 50 ft.
- ☐ Septic Tanks and / or Leachlines - 100 ft.
(include 100% expansion area)
- ☐ Seepage Pit / Drywell - 150 ft.
(include 100% expansion area)

- ☐ Water Bodies / Courses - 50 ft.
- ☐ Underground Petroleum Product Storage Tanks - 100 ft
- ☐ Other: _____

Permit No. _____

No. 1082623

DWR USE ONLY — DO NOT FILL IN											
STATE WELL NO/STATION NO											
LATITUDE						LONGITUDE					
APRINTS/OTHER											

WELL OWNER

ORIENTATION (±)			VERTICAL	HORIZONTAL	ANGLE	(SPECIFY)
DEPTH FROM SURFACE			DRILLING METHOD		FLUID	
Ft.	to	Ft.	DESCRIPTION Describe material, grain size, color, etc.			
0	40		SANDY FOR SOIL			
40	60		CLAY. SAND & CLAY			
60	120		CLAY & FINE SAND			
120	160		FINE CLAY			
160	220		SAND & CLAY			
220	280		SAND & CLAY			
280	340		SAND & CLAY			
340	400		SAND & CLAY			
400	460		SAND & CLAY			
460	520		SAND & CLAY			
520	580		SAND & CLAY			
580	640		SAND & CLAY			
640	700		SAND & CLAY			
700	760		SAND & CLAY			
760	820		SAND & CLAY			
820	880		SAND & CLAY			
880	940		SAND & CLAY			
940	1000		SAND & CLAY			
1000	1060		SAND & CLAY			
1060	1120		SAND & CLAY			
1120	1180		SAND & CLAY			
1180	1240		SAND & CLAY			
1240	1300		SAND & CLAY			
1300	1360		SAND & CLAY			
1360	1420		SAND & CLAY			
1420	1480		SAND & CLAY			
1480	1540		SAND & CLAY			
1540	1600		SAND & CLAY			
1600	1660		SAND & CLAY			
1660	1720		SAND & CLAY			
1720	1780		SAND & CLAY			
1780	1840		SAND & CLAY			
1840	1900		SAND & CLAY			
1900	1960		SAND & CLAY			
1960	2020		SAND & CLAY			
2020	2080		SAND & CLAY			
2080	2140		SAND & CLAY			
2140	2200		SAND & CLAY			
2200	2260		SAND & CLAY			
2260	2320		SAND & CLAY			
2320	2380		SAND & CLAY			
2380	2440		SAND & CLAY			
2440	2500		SAND & CLAY			
2500	2560		SAND & CLAY			
2560	2620		SAND & CLAY			
2620	2680		SAND & CLAY			
2680	2740		SAND & CLAY			
2740	2800		SAND & CLAY			
2800	2860		SAND & CLAY			
2860	2920		SAND & CLAY			
2920	2980		SAND & CLAY			
2980	3040		SAND & CLAY			
3040	3100		SAND & CLAY			
3100	3160		SAND & CLAY			
3160	3220		SAND & CLAY			
3220	3280		SAND & CLAY			
3280	3340		SAND & CLAY			
3340	3400		SAND & CLAY			
3400	3460		SAND & CLAY			
3460	3520		SAND & CLAY			
3520	3580		SAND & CLAY			
3580	3640		SAND & CLAY			
3640	3700		SAND & CLAY			
3700	3760		SAND & CLAY			
3760	3820		SAND & CLAY			
3820	3880		SAND & CLAY			
3880	3940		SAND & CLAY			
3940	4000		SAND & CLAY			
4000	4060		SAND & CLAY			
4060	4120		SAND & CLAY			
4120	4180		SAND & CLAY			
4180	4240		SAND & CLAY			
4240	4300		SAND & CLAY			
4300	4360		SAND & CLAY			
4360	4420		SAND & CLAY			
4420	4480		SAND & CLAY			
4480	4540		SAND & CLAY			
4540	4600		SAND & CLAY			
4600	4660		SAND & CLAY			
4660	4720		SAND & CLAY			
4720	4780		SAND & CLAY			
4780	4840		SAND & CLAY			
4840	4900		SAND & CLAY			
4900	4960		SAND & CLAY			
4960	5020		SAND & CLAY			
5020	5080		SAND & CLAY			
5080	5140		SAND & CLAY			
5140	5200		SAND & CLAY			
5200	5260		SAND & CLAY			
5260	5320		SAND & CLAY			
5320	5380		SAND & CLAY			
5380	5440		SAND & CLAY			
5440	5500		SAND & CLAY			
5500	5560		SAND & CLAY			
5						

Name _____
Mailing Address _____
CITY _____ STATE _____ ZIP _____

WELL LOCATION
Address 3805 BELLE VILLAGE
City _____
County _____
APN Book _____ Page _____ Parcel 129-020 053
Township _____ Range _____ Section _____
Lat _____ N Long _____ W
DEG MIN SEC DEG MIN SEC

LOCATION SKETCH
NORTH
34° 53' 15.73"
120° 21' 11.51"
WEST EAST
SOUTH
Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. **PLEASE BE ACCURATE & COMPLETE.**

ACTIVITY (✓)
☐ NEW WELL
MODIFICATION/REPAIR
☐ Deepen
☐ Other (Specify) _____
☐ DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")

USES (✓)
WATER SUPPLY
☐ Domestic ☐ Public
☐ Irrigation ☐ Industrial
MONITORING ☐
TEST WELL ☐
CATHODIC PROTECTION ☐
HEAT EXCHANGE ☐
DIRECT PUSH ☐
INJECTION ☐
VAPOR EXTRACTION ☐
SPARGING ☐
REMEDICATION ☐
OTHER (SPECIFY) _____

WATER LEVEL & YIELD OF COMPLETED WELL
DEPTH TO FIRST WATER 330 (Ft.) BELOW SURFACE
DEPTH OF STATIC _____
WATER LEVEL _____ (Ft.) & DATE MEASURED _____
ESTIMATED YIELD * 100 (GPM) & TEST TYPE _____
TEST LENGTH _____ (Hrs.) TOTAL DRAWDOWN _____ (Ft.)
* May not be representative of a well's long-term yield.

DEPTH FROM SURFACE			BORE-HOLE DIA. (Inches)	CASING (S)						
				TYPE (X)				MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS
Ft.	to	Ft.	BLANK	SCREEN	CON- DUCTOR	FILL PIPE				
0	to	0								
270	to	40								

DEPTH FROM SURFACE			ANNULAR MATERIAL			
			TYPE			
Ft.	to	Ft.	CE- MENT (X)	BEN- TONITE (X)	FILL (X)	FILTER PACK (TYPE/SIZE)
0	to	0				
270	to	40				

ATTACHMENTS (✓)

- ☐ Geologic Log
- ☐ Well Construction Diagram
- ☐ Geophysical Log(s)
- ☐ Soil/Water Chemical Analyses
- ☐ Other _____

ATTACH ADDITIONAL INFORMATION IF IT EXISTS

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME 2124 100th Ave N
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS

CITY

STATE

Z18

Signed

C-57 LICENSED WATER WELL CONTRACTOR

DATE SIGNED _____

C-57 LICENSE NUMBER



July 13, 2009

(b) (6)

Subject: Completion Report for Water Well Permit SR#0105857
(Assessor's Parcel Number: 129-020-053 at 3895 Dolte Vita Way)

This Department has reviewed the construction of the subject water well as related to the approval of the location of the well and the placement of the annular seal in the upper portion of the bore around the well casing. This work has been completed in conformity with the requirements of the Water Well Standards of the State Department of Water Resources, as adopted by the Santa Barbara County Water Well Ordinance.

If water from this well is intended to be utilized for domestic or drinking purposes, it will first be necessary to obtain a Water System Permit from this Department. The permit is required for any water system that will provide water to a dwelling unit or to any structure utilized for commercial or manufacturing purposes which requires potable water for human consumption or use.

Please contact the undersigned at the office indicated on this letterhead if you have any question.

Sincerely,

Louise A. Harding, R.E.H.S.
Environmental Health Specialist

PC: Assessor's Office

ENVIRONMENTAL HEALTH DIVISION
 SANTA BARBARA COUNTY HEALTH CARE SERVICES
 WELL PERMIT FIELD INVESTIGATION RECORD

0105857

Well Permit Application Received: Date 10/13/08Site Investigation By J. Davies Date 10/14/08

Findings: (Check applicable boxes and give clearance)

- | | |
|---|---|
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> Animal Enclosure |
| <input type="checkbox"/> Sewer Lines | <input type="checkbox"/> Creek or Watercourse |
| <input type="checkbox"/> Leach Field | <input type="checkbox"/> Petroleum Tank or Pipeline |
| <input type="checkbox"/> Cesspool/drywell | <input type="checkbox"/> Other |

Suburbs - OKAssessor - OKApplication Reviewed and Approved: By J. Davies Date 10/14/08

Work Investigation Record

Date 11/17/2008Well Site #: 1

Casing Information

Type: Steel ☐ PVC ☒ Other ☐Class/Gage/NSF: SPR 21ASTM#: F480Diameter: 8" Total Depth: 420

Casing Schedule

0' - 170'	=	Blank
170' - 470'	=	Screen
_____	=	_____
_____	=	_____
_____	=	_____
_____	=	_____

Borehole

Total Depth of Well: 470'Annular Seal Depth: 30'Well Bore Diameter: 12 1/4"Sealing Material: 6. seal cementAmount: 3 ydMethod of Pour: PumpUse of Tremie: Yes 30'Driller(s): Miranda PineDrilling

Comments:

Production casing capped this dateFinal Inspection and Approval/Denial: By _____ Date 1/1Notice of Work Acceptance/Rejection Sent to Well owner On 1/1

ORIGINAL
File with DWR

Page 1 of 1

Owner's Well No. 1

Date Work Began 10-08-08, Ended 10-26-08

Local Permit Agency Santa Barbara Co

Permit No. SR0105836 Permit Date 9-29-08

STATE OF CALIFORNIA

WELL COMPLETION REPORT

Refer to Instruction Pamphlet

No. 1098063

CC087

DWR USE ONLY — DO NOT FILL IN

STATE WELL NO./STATION NO									
LATITUDE					LONGITUDE				
APN/TRS/OTHER									

GEOLOGIC LOG

ORIENTATION (✓) ☒ VERTICAL ☐ HORIZONTAL ☐ ANGLE (SPECIFY)

DRILLING METHOD Rotary FLUID Mud

DEPTH FROM SURFACE
Fl. to Fl.

DESCRIPTION

Describe material, grain size, color, etc.

0	55	Sand
55	85	Sandy Clay
85	105	Sand & Gravel
105	150	Sandy Clay
150	225	Sand & Gravel
225	235	Brown Clay
235	270	Sand & Gravel
270	300	Brown Clay
300	370	Sand & Gravel
370	400	Brown Clay
400	460	Sand Gravel
460	480	Brown Clay
480	525	Sand & Gravel
525	535	Brown Clay
535	600	Sand & Gravel
600	615	Brown Clay

TOTAL DEPTH OF BORING 615 (Feet)
TOTAL DEPTH OF COMPLETED WELL 580 (Feet)

34 53 20.87
120 21 1.88

WELL LOCATION

Address 3810 Dominion Rd
City Santa Maria Calif 93455
County Santa Barbara
APN Book 129-020-45-00 Page 045
Township Range Section Section
Lat 34 DEG. 53 MIN. 20.87 SEC. N Long 120 DEG. 21 MIN. 1.88 SEC. W

LOCATION SKETCH

NORTH

WEST

CLARK AVE

DOMINION RD

3810 DOM

WELL

ORCUTT-GARY

SOUTH

Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE.

ACTIVITY (✓)

☒ NEW WELL

MODIFICATION/REPAIR

☐ Deepen

☐ Other (Specify)

DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")

USES (✓)

WATER SUPPLY

☒ Domestic ☐ Public

☐ Irrigation ☐ Industrial

MONITORING ☐

TEST WELL ☐

CATHODIC PROTECTION ☐

HEAT EXCHANGE ☐

DIRECT PUSH ☐

INJECTION ☐

VAPOR EXTRACTION ☐

SPARGING ☐

REMEDICATION ☐

OTHER (SPECIFY) ☐

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER _____ (Fl.) BELOW SURFACE

DEPTH OF STATIC WATER LEVEL 313 (Fl.) & DATE MEASURED 1.1-2-08

ESTIMATED YIELD 275 (GPM) & TEST TYPE Pump

TEST LENGTH 24 (Hrs.) TOTAL DRAWDOWN 14 (Fl.)

* May not be representative of a well's long-term yield.

DEPTH FROM SURFACE			BORE-HOLE DIA. (Inches)	CASING (S)							DEPTH FROM SURFACE			ANNULAR MATERIAL				
				TYPE (<input type="checkbox"/>)				MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS				SLOT SIZE IF ANY (Inches)	TYPE			
Fl.	to	Fl.	BLANK	SCREEN	CON- DUCTOR	FILL PIPE									CE- MENT (<input type="checkbox"/>)	BEN- TONITE (<input type="checkbox"/>)	FILL (<input type="checkbox"/>)	FILTER PACK (TYPE/SIZE)
0		380	X				PVC	8	SDR-21									
380		580	X				PVC	8	SDR-21	040					Montery			

ATTACHMENTS (✓)

- ☐ Geologic Log
- ☐ Well Construction Diagram
- ☐ Geophysical Log(s)
- ☐ Soil/Water Chemical Analyses
- ☐ Other

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME Ron Taylor Drilling
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS 2801 Mahoney Rd Santa Maria Calif 93455 STATE CA ZIP 93455

Signed Ron Taylor
C-57 LICENSED WATER WELL CONTRACTOR

DATE SIGNED 10-26 523-858
C-57 LICENSE NUMBER